

Patient Insurance Form



Acct #:

Printed Name of Patient:

Why are we asking for both vision and medical insurance? What's the difference?

Typically, "vision" coverage is for well-vision exams, glasses, contacts, or lasik or other refractive surgery. Anything else is likely to be medical. We ask for both types of insurance so that we are fully prepared to give you the best care while being conscientious of what your insurance can reasonably be expected to cover. If you're not sure which is which, just ask!

Medical Insurance

Primary Insurance Carrier (if none, please indicate SELFPAY)		ID#	Group#
Sponsor's Full Legal Name	Sponsor's DOB	Sponsor's SSN	Relationship to Patient

Secondary Insurance Carrier		ID#	Group#
Sponsor's Full Legal Name	Sponsor's DOB	Sponsor's SSN	Relationship to Patient

Tertiary Insurance Carrier		ID#	Group#
Sponsor's Full Legal Name	Sponsor's DOB	Sponsor's SSN	Relationship to Patient

Vision Insurance

Primary Insurance Carrier (if none, please indicate SELFPAY)		ID#	Group#
Sponsor's Full Legal Name	Sponsor's DOB	Sponsor's SSN	Relationship to Patient

Secondary Insurance Carrier		ID#	Group#
Sponsor's Full Legal Name	Sponsor's DOB	Sponsor's SSN	Relationship to Patient

Tertiary Insurance Carrier		ID#	Group#
Sponsor's Full Legal Name	Sponsor's DOB	Sponsor's SSN	Relationship to Patient

Signature of Patient or Legal Guardian

Date