

North Jersey Eye Associates

PLEASE PRINT

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work/Daytime Phone: _____

Social Security # _____ Cell# _____

Birthdate: m _____ d _____ y _____ Age _____ Male ___ Female _____

Married / Single / Divorced/Widowed EMAIL Address: _____

Student: Full-time - Part time Patient's Relationship To Insured: SELF SPOUSE CHILD

Insured's Name (if different from above) _____

Insured's Employer _____ Insured's Date of Birth _____

Insured's Social Security # _____ Insured's Work Phone _____

Primary Insurance Carrier _____ Policy # _____

Primary Care/Referring Physician _____ Phone: _____

Referred by: _____

YOU ARE RESPONSIBLE TO KNOW HOW YOUR INSURANCE WORKS AND TO PRESENT ANY REFERRALS OR OTHER NECESSARY DOCUMENTS AT TIME OF EXAM YOU ARE ALSO RESPONSIBLE FOR COPAYMENTS, COINSURANCE OR DEDUCTIBLES.

Payment is expected at the time of the visit.

A charge of \$10.00 will be added to copayments not made at time of visit.

Acknowledgment and Authorization to release information and assignment of benefits.

I hereby acknowledge that in consideration for treatment rendered to me and/or my dependent that **I am responsible for all charges and fees incurred at the time of service.** I understand that although I may have insurance to cover the cost of treatment, I remain responsible for payment to North Jersey Eye Associates. **I hereby authorize payment of insurance benefits for any services furnished to me be paid directly to NJEA.** I authorize release of information needed to determine these benefits or the benefits payable for related services. **In the event I do not pay open balances in the time allowed by NJEA, I am aware that my account will be turned over to an outside collection agency. In such event, the full amount allowed by law will be applied. I hereby authorize any physicians affiliated with NJEA to provide treatment.**

Signature: _____ Date: _____

I authorize the following to have person(s) to have medical information about me.

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____