**Patient Registration Form**

| Patient’s First Name | Last Name (As it appears on Insurance Card or ID) | Nickname |
| --- | --- | --- |
| Sex | Pronouns | Marital Status | Date of Birth | Social Security Number |
| Patient’s Address | City | State | Zip |
| Home Phone | Cell Phone | Email Address | Preferred Contact**Home** or **Cell** or **Email** |
| Insured Policy Holder Name | Policy Holder Date of Birth | Policy Holder Social Security Number (Last 4 digits) |
| Primary Care Physician | Primary Care Practice Name | Primary Care Physician Phone Number |
| Preferred Pharmacy | Pharmacy Phone | Pharmacy Address |
| Emergency Contact Name | Emergency Contact Phone | Relation to Patient | May we disclose medical information to this person? **Yes** or **No** |
| How did you find our office?  | Social Media \_\_\_\_ Zocdoc \_\_\_\_ Friend or Family (Name:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please review below and mark the reason for your visit to Gwynedd Valley Eye Care.**

Patients often have both vision care plans (VCP) and medical health insurance plans; it is important to understand the difference. Vision care plans do not cover the diagnosis of a medical eye condition, just as medical health insurance plans do not cover routine wellness eye exams.

***If you select a health reason for your visit today, we will not be able to bill your vision insurance for the exam.***

| **Medical Health Insurance Plan** | **Vision Care Plan** |
| --- | --- |
| Medical Health Insurance is billed for visits regarding ocular health disorder or symptoms related to eye health problems, including existing health conditions that can affect your eyes.  | Routine vision wellness exam. May include benefits to cover glasses or contact lenses  |
| * Diabetes
* Sudden loss of vision
* Double vision
* Dry eye - Itching, burning, tearing
 | * Allergies
* Flashes and/or Floaters
* Glaucoma
 | * Cataracts
* Eye Infections
* Macular degeneration
* Referral from outside physicians
 | * New glasses prescription
* New contact lens prescription
* Annual routine eye health check
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