Welcome to Wineinger Vision Associates!

In order to bill your insurance company please complete <u>all</u> of the following information:

First Name _____ M.I. ____ Last _____

Nickname _____ Birthdate _____/_____/_____ Social Security # _____

Parents' Names, if child _____

Home Address _____

  City _____ State _____ Zip Code _____

Home telephone   (_____)_____ Work telephone   (_____)_____ Ext. _____

Cell phone (_____)_____ Emergency contact name & phone # _____

1. If you do not have Vision Service Plan (VSP), please present your <u>vision</u> insurance card to the receptionist when returning this completed form.

2. If you have <u>health</u> insurance, please present your <u>health</u> insurance card.

3. Do you have secondary vision or health insurance? ☐ Yes ☐ No   If yes, please present this insurance card also.

4. Are you a college student? ☐ No   ☐ Yes, full-time   ☐ Yes, part-time

5. What is your marital status? ☐ Single   ☐ Married   ☐ Divorced   ☐ Legally Separated   ☐ Widowed

If your insurance is through **your** employer, please proceed to question **8**. If not, please answer all questions.

6. What is your relationship to the insured member? ☐ Spouse   ☐ Child   ☐ Grandchild   ☐ Other _____

7. What is the insured member's: Full Name _____

    SS# _____   Birthdate _____/_____/_____

8. Member's employment status is: ☐ Employed Full-Time ☐ Employed Part-Time ☐ Retired ☐ Self-Employed
    ☐ Active Military Duty   ☐ Other _____

Unless we are a participating provider for your insurance plan,
payment is expected at the time of your exam.
Verifying eligibility does not guarantee payment from your insurance company.
Payment <u>in full</u> is required for all materials (glasses and contact lenses)
<u>before</u> they are ordered.

I understand that I am responsible for paying my co-payment and any non-covered services and material fees <u>today</u>. If for any reason my insurance company denies payment, the total fee for services and materials is my responsibility.

Signature _____ Date _____
    (parent or guardian, if minor)

Please present this completed form and your insurance card(s) to the receptionist. Thank you!

5/03