

1051 E MAIN ST
WAYNESBORO, PA 17268

ANTIETAM EYE Associates

717-387-5657

APPOINTMENT:

Please PRINT clearly

Name (Last): _____ (First): _____ (MI): _____
Date of Birth: _____ Social Security # (Last Four): _____
Address: _____ City, State, Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Marital Status: Single _____ Married _____ Other _____ Race/Ethnicity _____
Patient Employer: _____
Primary Care Physician: _____ Phone: _____
Pharmacy: _____ Phone: _____

How did you hear about us? _____

Email address: _____

Relative not living with you to contact in case of an Emergency:

Name: _____ Phone: _____

Insured Party and/or Financially Responsible – If different from the Patient.

Name (Last): _____ (First): _____ (MI): _____

Date of Birth: _____ Social Security #: _____

Employer: _____ Work Phone: _____ Home Phone: _____

Primary Insurance Information:

Insurance Company: _____ Policy Number: _____ Group: _____

Subscriber's Name: _____ Sex: M ___ F ___ Date of Birth: _____

Subscriber's SS#: _____ Patient's Relationship to Subscriber: _____

Subscriber's Employer: _____ Employer's Phone #: _____

Secondary Insurance Information:

Insurance Company: _____ Policy Number: _____ Group: _____

Subscriber's Name: _____ Sex: M ___ F ___ Date of Birth: _____

Subscriber's SS#: _____ Patient's Relationship to Subscriber: _____

Subscriber's Employer: _____ Employer's Phone #: _____

Please inform us if you have a third insurance or separate vision insurance.

If this is a Worker's Comp or accident relation, inform us and provide us with the proper paperwork

While we participate in many insurance plans for patients' convenience, it is your responsibility to confirm the participation of our providers with your insurance company. To our Maryland patients we apologize for any inconvenience but we **DO NOT** participate with **BLUE CHOICE**.

***I certify that the information on this form is current and accurate to the best of my knowledge ***

Signature of Patient/Parent/Guardian

Relationship

Date