**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 |