

JAMES S. LEWIS, MD
 CATARACT AND GLAUCOMA SURGEON
 CORNEA AND LASIK SPECIALIST

Ophthalmologist

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Patient Information

First Name Middle Initial Last Name Suffix

Address

City State Zip Code

e-Mail Address

Primary Phone Home Work Mobile

Home Work

Mobile Fax

Birthdays Month Day Year Gender M F

Social Security Drivers License State

Pharmacy

Pharmacy Address

Pharmacy Phone

Status Single Married Widowed Divorced Separated

Insurance Policy Holder Social Security Birthdays Month Day Year

Relation to Patient Self Spouse Child Parent

Insurance 1
 Policy Number
 Group Number
 Code 1 Code 2
 Eff Date Deductible

Spouse
 Spouse's Phone
 Emergency Person
 Emergency Phone
 Internist
 Primary Care Doctor
 Primary Dr's Phone
 Optometrist
 Ophthalmologist
 Referring Doctor
 Referring Dr's Phone
 Subspecialist
 Subspecialist
 LASIK Referral

Insurance 2
 Policy Number
 Group Number
 Code 1 Code 2
 Eff Date Deductible

Authorization To Release Information And Insurance Benefits

I request payment of authorized benefits, including Medicare, be made on my behalf to the designated physician for any medical or surgical procedures performed. I authorize the release of information acquired in the course of my examination and treatment to the necessary parties. I agree I am responsible for the amounts not covered by my insurance, and I understand that I am responsible for all referrals and authorizations that may be needed for my visit or surgery. In case of default, I agree to pay all collection costs. I understand that all co-pays and deductibles are payable at the time of service. Medicare patients: Please be aware you are responsible for all deductibles and the 20% Medicare does not cover.

***Please Bring Us Your Insurance Cards to be Scanned.**

Today's Date

Signature