

South Bay Ophthalmology, Inc.

Edward J. Saub, M.D.
Eye Physician and Surgeon

Optical Shop

New Patient Registration Form

Date _____ Account No. _____

First Name _____ MI _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Gender _____ Soc. Security No. _____ Date of Birth _____ Age _____

Phone _____ / _____ / _____
Home Work Mobile

May we correspond with you by e-mail? Y / N Email: _____

Please indicate whether you are: Single Married Partnered Divorced Separated Widowed

Your Occupation (or retired from) _____ Employer _____

Employer Address _____ City _____ Phone _____ / _____

Primary Health Insurance: Name of Insurance Company _____

Primary Insured's Name _____ Group # _____ Identification # _____

Secondary Health Insurance (Medicare recipients only): Name of Insurance Company _____

Primary Insured's Name _____ Group # _____ Identification # _____

Primary Medical Doctor's Name: _____ Phone _____ / _____

Primary Pharmacy's Name: _____ Street _____ City _____ Phone _____ / _____

Spouse / Partner Information:

Name _____ Employer _____

Employer Address _____ City _____ Phone _____ / _____

Who referred you to South Bay Ophthalmology _____

Emergency Contact: Name _____ Relationship _____ Phone _____ / _____

Address _____ City _____ State _____ Zip _____

Payment of any deductible amount, co-insurance, or other balance not covered by your insurance is your responsibility. Please note: Refraction (the determination of your eyeglass prescription) is a non-covered service by nearly all health insurance companies, including Medicare. Health insurance companies consider refraction a routine non-covered service. There is a charge for this service. Your share of charges is due and payable at the conclusion of each visit. Please keep your scheduled appointments. If it is necessary to reschedule or cancel an appointment, please do so at least 24 hours before the scheduled time. Without a 24 hour notice, you will be charged \$125 for the missed or canceled appointment.