

# 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.**