

Glasses on First
'Serving Our Neighbors for Over 25 Years'
1498 First Ave NY, NY 10075
(212) 249-3630

Last Name: _____ First Name: _____

Address: _____ Apt #: _____

City/State/Zip Code _____

Home Phone: _____ Work Phone: _____

Vision Insurance: _____

Primary Insured's Name: _____ Relationship to Patient: _____

Primary's Date of Birth: _____ Patient's Date of Birth: _____

Primary Insured's SS#: _____ Patient's SS# _____

HIPAA PRIVACY NOTICE

I understand that Glasses On First (GOF) may use and disclose necessary personal health information (for example, my name, address, subscriber identification number, eye exam information and/or type of products provided) to another party to permit GOF to perform its administrative duties, provide me with eye care services and products, process my vision benefit claims and communicate with me regarding vision care services provided by the Location. I can be assured that GOF does not sell my personal health information of any kind to a third party for such party's own use. I authorize GOF to submit my vision benefit claims to my plan sponsor of health plan to receive reimbursement directly for the vision services and products that I have received from GOF.

Signature of Patient or Patient's Guardian

Date

HIPAA privacy law document, in detail, is available upon request

Notice For Contact Lens Patient:

If required by the optometrist a follow-up appointment will be scheduled within one to two weeks after your initial examination. Follow up visits are important not only to ensure good vision and comfort of your contact lenses but to be certain there is no harm or damage to your eyes. If you do not return within 30 days of your initial examination for your follow-up care additional charges for an office visit may apply. Contact lens follow up appointments are available six days a week including Sundays.

Signature

Date