

THE RETINA CENTER OF MAINE
Mark W. Balles, M.D
195 Fore River Parkway, Suite 480, Portland, ME 04102
207-773-3937

PATIENT INFORMATION

TODAY'S DATE _____

Patient Name _____ SS# _____

Date of Birth _____ Age _____ Sex _____

Address _____

City/Town _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Emergency Contact Name _____ Phone _____

Referred By _____

Chief Complaint _____

HEALTH INSURANCE INFORMATION

PRIMARY INSURANCE

Insurance Company Name _____ Effective Date _____ If you have Medicare, are you or your spouse working ? Yes _____ No _____ Policy Holder Name _____
Billing Address _____ Telephone _____ Policy/ID # _____ Group # _____
PRIMARY CARE PHYSICIAN (PCP) _____

SECONDARY INSURANCE

Insurance Company Name _____ Policy Holder Name _____
Billing Address _____ Telephone _____ Policy/ID # _____ Group # _____

IF YOU HAVE AN HMO PLAN, YOU MUST HAVE A REFERRAL FROM YOUR PCP

I hereby authorize release of information necessary to file a claim with my insurance carrier and assign benefits to the doctor indicated on the claim.

Signed _____ Date _____
