

## Insurance Form

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Neena Gabrielle, O.D., FCOVD

**Please note that Dr. Gabrielle is a non-contract provider with all insurance companies. We do not bill your insurance. Payment is due in full at time of service.**

Insurance Information: (we are collecting this information to keep on file in case your insurance company contacts us in regards to a claim you have submitted and so that we may effectively help you get reimbursement)  
"Subscriber" is the person who receives insurance coverage from his/her employer.  
"Patient" may be the subscriber or may be a family member of the subscriber also covered by the insurance.

Patient (Last, First)

Person Filling Out Form

Primary Insurance Company

Subscriber's Name

Subscriber's Birthdate

ID Number

Group Number

Plan Name

Subscriber's Address (if different than patient's)

Subscriber's Phone # (if different than patient's)

Subscriber's Employer

Occupation

Subscriber's Work #

I hereby authorize the release of any medical or other information necessary to process insurance claims when needed. I understand that I am financially responsible for any non-covered charges and charges incurred by a collection agency in collecting any unpaid balances. I understand that Dr. Neena Gabrielle is a non-contract provider for all insurance plans and the amount due for the visit is my responsibility. I understand that it is my responsibility to contact my insurance company to review benefits and eligibility. I understand that it is my responsibility to obtain any referrals from my primary care physician as outlined by my insurance policy.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Initials

\_\_\_\_\_  
Date