Lan V Pham, MD, PC

Phone: +1 (914) 772-9983
Fax: +1 (845) 251-4136

Medical & Surgical Eye Care
1825 Commerce St, 2nd Floor
Yorktown Heights, NY 10598

Today's Date:_____Social Security #:_____

First Name_____Last Name:_____

Age_____Date of Birth_____ Sex (M/F/T)_____

Race_____Ethnicity_____Language_____

Address_____

City_____State_____Zip_____

Home phone_____Mobile phone_____Work#_____

Email:_____

Employer_____

Employer's Address_____

Martial Status_____Significant other_____

Emergency Contact_____Phone #_____

Primary Insurance_____

Policy holder if different from patient_____DOB:_____

ID#_____Group#_____

Secondary Insurance_____

ID#_____Group#_____

I request the payment of authorized Medicare and all insurance benefits be made on my behalf to Dr. Lan V Pham for services furnished to me. I authorize the release of any medical information necessary to process this claim, as well as payment of medical benefits to the above doctor for services rendered.

Signature_____Date_____

I have read or been offered the HIPPA document at 1825 Commerce St, Yorktown Heights, NY 10598

Signature_____Date_____