

Lions Eye Institute at Albany, New York, Inc
PDG Wilfred H. Roehle, LEI Board Chair
1220 New Scotland Rd, Suite 102
Slingerlands, NY 12159

Patient Referral Form

Date: _____

Patient:

Name _____ DOB _____ Age _____
Last First Middle

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Social Security # _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Yrs Empl _____ Annual Income _____

Spouse/Parent/Guardian:

Name _____ DOB _____ Age _____
Last First Middle

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Social Security # _____ Employer _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Yrs Empl _____ Annual Income _____

Total Annual Household Income _____

Insurance:

Applicant must attempt to obtain private, charitable or governmental health insurance such as Medicare, Medicaid, or Fidelis Care. If you need additional assistance, contact the Health Insurance Information Counseling and Assistance Program (HICAP) at 1-800-701-0501.

Ins. #1 _____ None _____ Policy Number _____

Ins Address _____ City _____ State _____ Zip _____

Policy Holder Name _____ Relationship _____

Ins. #2 _____ Policy Number _____

Address _____ City _____ State _____ Zip _____

Policy Holder Name _____ Relationship _____

Do you qualify for Medicaid? Yes _____ No _____. If no, please enclose a copy of the denial letter.

Description of Visual Problem:

I, _____, authorize the _____ Lions Club to refer the above stated patient to the Lions Eye Institute and to release the above information to the Lions Eye Institute and Lions Eye Institute Physicians, Albany Medical Center or other Lions Eye Institute approved medical facilities. I further release this Lions Club and the Lions Eye Institute of any legal or monetary obligation for their assistance in arranging for services.

Signature _____ Relationship _____ Date _____

Personal Physician and/or Eye Specialist:

Name _____ Speciality _____ Phone _____

Name _____ Speciality _____ Phone _____

Lions Club:

Club Name _____ Lions District # _____

Club Address _____ City _____ State _____ Zip _____

Referring Members Name _____

Telephone _____ Email _____

President's or Secretary's signature _____