OPHTHALMOLOGY LTD.

Ophthalmology LTD's Optometric Partners Data Form

Doctor Name: _____

Practice Name(s): _____

Practice Location(s), Address(s), Phone, and Fax Number(s): _____

_____

_____

Practice Website(s) Address: _____

Practice Email(s) Address: _____

Please Circle Answer to the Following Questions:

Do you accept assignment for Medicare clinical visits?	Yes	No
Do you accept Medicaid for vision examinations?	Yes	No
Do you accept Medicaid for spectacles?	Yes	No
Do you file the Medicare and supplemental insurance forms for post-operative spectacles patients?	Yes	No

The following contact information is for Ophthalmology LTD's use only. It will not be released to the public and only used to enhance inter-office communications.

Doctor's Best Personal Email Address: _____

Doctor's Personal Cell Phone Number: _____