

Eligibility and PCP Referral Form
Fleetwood Ophthalmology

IF YOU ARE A NEW PATIENT: See your New Patient Packet, instead of this form.

Use this form if you have an HMO, POS, or EPO plan, OR if your insurance shows up as Ineligible in our system.

AFTER you set up your appointment, but **BEFORE** the visit date, please complete this form.

DR. BISER'S NPI #: 115 431 1793

WRITE IN YOUR UPCOMING APPOINTMENT DATE WITH DR. BISER: _____

Call the "Member" phone number on your PRIMARY insurance card, and ask to speak to a representative.

Get Answers to These Questions:

#1: "Are you my PRIMARY insurance company?" _____ YES _____ NO
(If the answer is No, stop here. You will need a new Primary insurer.)

#2: CONFIRM the following information:

Plan Name: _____ Member ID#: _____ Date of Birth: _____

SPELLING OF First and Last Names: _____

#3: "Will my INSURANCE BE ELIGIBLE on the Appointment Date?" _____ YES _____ NO

#4: "Is Dr. Biser IN-NETWORK with my insurance plan?" _____ YES _____ NO

#5: "Will I need a REFERRAL FROM MY PCP to see Dr. Biser for a MEDICAL ophthalmic exam?"

If needed, give **CPT 92004**. (Remember, Dr. Biser accepts MEDICAL insurance, NOT "VISION" plans.)

_____ YES _____ NO

IF THE ANSWER TO #5 IS NO:

Ask for a REFERENCE NUMBER FOR THIS CALL, and write it here:

REF #: _____ . Stop here, and sign at the bottom.

IF THE ANSWER TO #5 IS YES, STAY ON THE PHONE. You can do one of the following:

A. Ask the representative to connect you to the PCP's office for a "THREE-WAY CALL," so that you can request a PCP Referral.

B. You can contact your PCP's office directly, to request a PCP Referral.

FOR THE PCP REFERRAL, FILL OUT THIS INFORMATION:

Date and Time You Spoke to PCP's Office: _____

Who You Spoke To at PCP's Office: _____

Result (CHECK ONE):

_____ My PCP Authorized the Referral, and will send it.

_____ My PCP's office said that a referral is NOT NEEDED. IF THIS IS THE CASE, you need to contact your insurance plan again!

WHEN YOU ARE FINISHED, SIGN BELOW AND CONTACT US.

I personally called and verified the above information.

Patient Signature

Date

Fleetwood Ophthalmology • apptsatFO@gmail.com • 914-664-2300

Eligibility and PCP Referral Form 4-18-21.docx