Restore Eye Care, P.C.
Tracy Carpenter Sepich, O.D., M.S.
Doctor of Optometry
Christine A. Zlupko, O.D.
Doctor of Optometry

Oakwood Centre, Suite 300
100 Oakwood Avenue
State College, PA 16803
Phone (814) 272-0262
Fax (814) 272-1501
www.restoreeyecare.com

PATIENT **SPOUSE/GUARDIAN**

NAME: _____ NAME: _____

SSN: _____ SSN: _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

PRIMARY OR MEDICARE NUMBER: _____

SECONDARY NUMBER: _____

I request that payment of authorized Primary Insurance benefits be made either to me or on my behalf to **Tracy C. Sepich, O.D., M.S./Christine A. Zlupko, O.D.,** for any service furnished me by the physician or supplier. I authorize any holder of medical information about me to release to _____ and its agents any information needed to determine these benefits payable for related services.

_____ _____
BENEFICIARY SIGNATURE DATE

SECONDARY INSURANCE

I request that payment of authorized Secondary Insurance benefits be made either to me or on my behalf to **Tracy C Sepich, O.D., M.S./Christine A. Zlupko, O.D.,** for any services furnished me by the physician or supplier. I authorize any holder of medical information about me to release to _____any information needed to determine these benefits or the benefits payable for related services.

_____ _____
BENEFICIARY SIGNATURE DATE