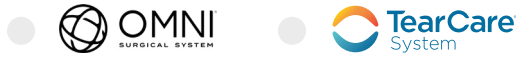


CHOOSE THE PRODUCT



CHOOSE YOUR SERVICE

- PRE TREATMENT (Support for Benefits Verification, Prior Authorization, PreDeterminations)
- POST TREATMENT (Support for Claims Processing Issue, Denied Claim, or Appeals)

PATIENT INFORMATION

PATIENT FIRST & LAST NAME DATE OF BIRTH

STREET ADDRESS / APARTMENT NUMBER CITY STATE ZIP

INSURANCE INFORMATION Fax a copy (front and back) of patient's medical benefit insurance cards or fill in the information below

PRIMARY

PRIMARY MEDICAL/HEALTH INSURANCE NAME PHONE NUMBER POLICY ID GROUP ID

POLICY HOLDER NAME DATE OF BIRTH RELATIONSHIP TO PATIENT

SECONDARY

SECONDARY MEDICAL/HEALTH INSURANCE NAME PHONE NUMBER POLICY ID GROUP ID

POLICY HOLDER NAME DATE OF BIRTH RELATIONSHIP TO PATIENT

PRESCRIBER AND FACILITY INFORMATION

PRESCRIBER NAME PRESCRIBER SPECIALTY

MD NPI NUMBER STATE LICENSE NUMBER HOSPITAL OUTPATIENT ASC PHYSICIANS OFFICE

FACILITY NAME TAX ID NUMBER OFFICE PHONE OFFICE FAX

STREET ADDRESS / SUITE NUMBER CITY STATE ZIP

TREATMENT INFORMATION

DX CODE RIGHT EYE LEFT EYE BOTH ANTICIPATED TREATMENT DATE 66174 & 65820 CPT CODE 0563T CPT CODE

OFFICE CONTACT

OFFICE CONTACT NAME OFFICE PHONE

OFFICE EMAIL

ATTESTATION By checking this attestation, I certify the following: (1) that I am the prescribing physician and/or the delegate authorized to fill out this enrollment form on their behalf; (2) that the person identified on this Enrollment Form is my patient; (3) in my medical judgement, the treatment information for this patient was medically reasonable and necessary; (4) to the best of my knowledge the information provided by the patient is accurate and complete; (5) that I have obtained the patient's written authorization and consent under HIPAA and other applicable laws to release health information to Sight Sciences for the purpose of verifying insurance coverage, prior authorization requirements, and, if needed, claim or denied claim support for Sight Sciences' products; and (6) I will inform Sight Sciences if a patient has withdrawn their authorization and consent outlined herein.