



- Daniel H. Chang, MD
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Today's Date \_\_\_\_\_

**Referral for Consultation:**

Pt. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Pt. Phone # \_\_\_\_\_ Pt. Insurance \_\_\_\_\_

**Appointment Date/Time:** \_\_\_\_\_

**Referring Doctor:** \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Reason for Consultation:

- Cataract Eval
- Diabetic Exam
- Glaucoma Eval
- Refractive Error
- Other \_\_\_\_\_
- Pterygium Eval
- Infectious Disease
- Strabismus

VA: OD 20 / \_\_\_\_\_  
 OS 20 / \_\_\_\_\_

Mrx: OD = 20 / \_\_\_\_\_  
 OS = 20 / \_\_\_\_\_

Service Requested:

- 2nd Opinion Only
  - Consultation
  - Co-management
- Comments \_\_\_\_\_

**Referring Doctor Signature:** \_\_\_\_\_

**PLEASE BRING THIS SHEET TO YOUR APPOINTMENT.**

ACE is located at:

**1721 Westwind Drive, Suite B, Bakersfield, CA 93301**

*ACE proudly accepts the following insurances:*

- Kern Family Health Care
- Straight Medi-Cal
- Medicare
- Medicare/Medi-Cal (Medi-Medi)
- IMG / DHMN
- Covered California (Blue Shield)
- Anthem Blue Cross PPO (excl. Pathway & Covered CA)
- United Healthcare PPO
- Blue Shield PPO
- Cigna PPO
- Aetna PPO
- VSP Vision Care
- Envolve
- MES
- MetLife
- EyeMed
- Superior Vision

For patients with **NO INSURANCE**, ACE offers income-based sliding scale pricing.

