

Patient Financial Information Sheet

The following information is strictly confidential

Patient Name: _____

Parent/Guardian: _____

EYE CARE AND FINANCIAL POLICY:

Our office provides the very best eye care for every patient regardless of circumstances or financial situation. We are contractually obligated to submit claims to your insurance carrier on your behalf. However, if you have NO INSURANCE, and are UNDERINSURED or meet the Criteria of our Financial Policy, you may qualify for a discount on services.

(Please Circle) I do OR I do not have insurance for any vision services or materials on this date of service.

AUTHORIZE AND RELEASE:

I authorize the release of any information including diagnosis and records of any treatment or examination rendered to me or my child during the period of such care to third-party payer and/or other practitioner.

I authorize and request my insurance company to pay directly to the doctor insurance benefits otherwise payable to me.

I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or dependents.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

Your medical records are confidential and will not be released without your expressed permission. By signing below, you acknowledge that you have received or was offered and declined a Notice of Privacy Practices.

I hereby authorize my medical records to be released to: _____

ADVANCE BENEFICIARY NOTICE (ABN):

We expect that Medicare will not pay for the item(s) or service(s) that are described below. Medicare does not pay for all your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The purpose of this form is to inform you that you have a choice about whether you want to receive these item(s) or service(s), knowing you might have to pay for them yourself.

Item(s): _____ Service(s): _____

I HAVE READ AND AGREE TO THE TERMS AND SERVICES MARKED ABOVE.

Patient's Signature/Parent/Guardian: _____ **Date:** _____