

PLEASE PRESENT ALL INSURANCE INFORMATION BEFORE SERVICES ARE PERFORMED
Financial Assignment and Agreement

- *Insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. It is the responsibility of the patient to pay deductibles, co-pays and any other allowable overage not paid by the insurance plan at the time of service.*
- *Those not covered by insurance or those patients with an insurance balance must pay at the time services are rendered. A 50% deposit is required on all glasses or contact lenses before the order is processed*
- *All returned checks will result in a \$30.00 service charge.*
- *I request that payment of authorized Medicare and/or insurance benefits be made on my behalf for any services furnished me. I authorize any holder of medical information about me to release to the Health Care Financing Administration, its agents, or any insurance carrier I may have, any information needed to determine these benefits for services provided.*
- *If my account becomes assigned to a collection agency, I agree to pay all costs of collection, including a 25% agency fee, court costs and attorney fees.*
- ***Deductibles:*** *Each January Medicare, as well as other insurance plans, start with a new deductible that must be met before claims are paid. If we are the first to file a claim for you this year, it is likely you have not met your deductible and will owe for the full-allowed amount.*
- ***Medicare Advance Beneficiary Notice:*** *Medicare will only pay for charges that it deems "reasonable and necessary" under code section 1862(a)(1). Medicare does not pay for refractive services. This is the vision evaluation part of the examination that determines your eyeglass prescription. The cost of this service is \$35.00. Medicare will not pay for any routine eye examination services. Medicare does not pay for eyeglasses or contact lenses except for the first pair ordered after a patient's first cataract surgery. If you have a lens implant, Medicare will cover lenses and frames once per operation. Medicare does not cover deluxe frames or lens coatings. All non-covered charges will be the responsibility of the patient. Please inform an office assistant if you prefer to deny any of these services before beginning your examination.*
- *There will be a 20% restocking fee upon cancellation of any optical or contact lens materials.*

Signature _____ Date: ____ / ____ / ____
(Patient or Responsible Party)

Contact Lens Patients: *In addition to a routine eye exam, there will be a contact lens evaluation fee. Most insurance plans categorize contact lenses as "cosmetic" and "not medically necessary" and require the patient to pay for any services related to contact lenses, including this evaluation fee. I understand that I am responsible for all contact lens services and contact lenses when not covered by my plan.*

Signature _____ Date: ____ / ____ / ____
(Patient or Responsible Party)

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have been given access to and/or received the Notice Of Privacy Practices and have been provided an opportunity to review it.

Signature _____ Date ____ / ____ / ____
(Patient or Responsible Party)