

Acknowledgement of Review of Notice of Privacy Practices, EYE + CLINIC

I have been offered and/or reviewed the Notice of Privacy Practices which explains how my medical information will be used or disclosed.

I understand I am entitled to receive a copy of the Privacy Practices.

General Consent to Treat and Refraction Policy.

I, knowing that I have a condition requiring diagnostic or medical treatment do hereby voluntarily consent to such procedures and care by Drs. Phillips or Pearson or designee as necessary in his/her judgment. Refraction is the process of determining the eyes refractive error or need of corrective spectacles and/or contact lenses. This is NOT covered by Medicare/Medicaid or most insurances.

Third Party Reimbursement Policy

All vision insurance must be pre-approved prior to your examination. If we are unable to verify coverage all charges must be paid in full when services are rendered. If you are not eligible for insurance benefits, or are eligible for less than full coverage, your signature below indicates that you agree to be financially responsible for any unpaid balance. Professional fees for service are non-refundable.

Authorization Release of Medical Information

I certify that the information given by me in applying for insurance and/or Medicare payment is true and correct. I authorize my doctor to act as my agent in helping me obtain payment of my insurance and/or Medicare benefits, and I authorize payment of these benefits directly to Plano Eye + Clinic on my behalf for any services and materials furnished. I authorize any holder of medical information about me to release to the Centers for Medicare Services and its agents any information needed to determine these benefits payable to related services. If I have other Health insurance coverage (as indicated in Item 9 of the CMS-1500 claim form or electronically submitted claim), my signature authorizes release of medical information to the insurer or agency shown, and authorizes my doctor to act as my agent, as above.

Patient (Guardian) Signature

Date

Doctor Signature

Date