



Advanced Eyecare Associates
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MEDICAL TREATMENT RELEASE FORM

We at Advanced Eyecare Associates are committed to providing our patients with the best visual and medical exams possible. The eye is a complex system in the body and must be examined not only for visual reasons but for medical conditions as well. As a service to our patients, if a medical condition is observed during your exam Advanced Eyecare Associates will bill your medical insurance.

I give Advanced Eyecare Associates permission to file my medical insurance for the medical portion of my exam/ I understand this fee is in addition to my vision co-pay.

Patient Name _____

Patient Signature _____

Date _____

Patient Number _____

Insured's Name: _____

Insured's Date of Birth _____