



Payment for Services, Patient Financial Responsibility, and Authorization Statement

We would like to welcome you to our office and inform you of our policy regarding fees. We are committed to providing the best quality eye care. In order to achieve this goal, we need your assistance and understanding of our payment policy. We will gladly discuss any questions you may have, and appreciate the opportunity to serve you.

Payment for Services:

- Eye Care Center participates with many medical insurances and vision plans. Evidence of active coverage is required at the time of service (by providing us with insurance card or ID number) or payment will be due on the date of service.
- Payment for all services and products is the responsibility of the patient and **due at time of service**.
- Your eye care benefit is a contract between you, your employer and the insurance company. We are not a party to that contract and this office will file your claims as a courtesy to you.
- Not all services are a covered benefit in all contracts. It is **your** responsibility to know your benefits.
- We accept cash, checks and all major credit cards, including FSA/HSA benefit cards.

Patient Financial Agreements:

- I agree to pay all copays, deductibles, co-insurances, and non-covered services as determined by my insurance company.
- I agree to pay balances due in a timely manner or incur additional collection fee for past due accounts.
- I authorize the release of medical information concerning my illness and treatment to my insurance company.
- I authorize the release of my personal medical information to any doctor whom I may be referred to.
- I understand verification of eligibility is not a guarantee of payment as stated by my insurance company.

Authorization Statement:

- I authorize payment of my insurance benefits to **Eye Care Center, Dr. Amanda Hale, O.D.**

Printed Name of Patient or Legal Guardian

Signature of Patient or Legal Guardian

Today's Date