

**INSURANCE AUTHORIZATION**

Patient Name: \_\_\_\_\_ Primary Insured's Name: \_\_\_\_\_

Vision Insurance Name: \_\_\_\_\_ Medical Insurance Name: \_\_\_\_\_

Primary's Social Security#: \_\_\_\_\_ Primary's DOB: \_\_\_\_\_

I request that payment of authorized insurance benefits be made on my behalf to:

**Premier Eyecare of Cranberry, Inc.**

**Joseph A. Terravecchia, O.D.**

**Elizabeth A. Tunall, O.D.**

I certify that the information given by me in applying for insurance and/or Medicare payment is true and correct. I authorize Premier Eyecare of Cranberry, Inc. to act as my agent in helping me obtain payment for these benefits directly to Premier Eyecare of Cranberry, Inc. on my behalf for any services or materials furnished. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agent any information needed to determine these benefits payable to related services. If I have other health insurance coverage, my signature authorizes release of the above medical information to insurer of agency shown and authorized Premier Eyecare of Cranberry, Inc. to act as my agent, as above.

I understand that if my insurance denies payment for services or materials that I am personally and fully responsible for payment.

I acknowledge that a copy of Premier Eyecare of Cranberry, Inc. privacy policy is available to me if I wish to take a copy or to view it.

Lifetime Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY NOTIFICATION**

In an effort to give you the best patient care, we may need to leave a message at the patient's home concerning test results, appointments, conformation of appointment, prescription information and/or account information. Please check below all that apply specifically to you.

The doctors and staff of Premier Eyecare of Cranberry, Inc.:

1. \_\_\_\_\_ may leave information on my answering machine.
2. \_\_\_\_\_ may leave information with someone in my family. The person or persons I authorize to receive this information are as follows:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ may not leave information on my answering machine or family member.