

New Castle Eyecare
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:

New Castle Eyecare

Joseph A. Terravecchia, O.D.

Elizabeth A. Tunall, O.D.

I certify that the information given to me in applying for insurance and/or Medicare payment is true and correct. I authorize New Castle Eyecare to act as my agent in helping me obtain payment for these benefits directly to New Castle Eyecare on my behalf for any services or materials furnished. I authorized 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 New Castle Eyecare 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 New Castle Eyecare privacy policy is available to me if I wish to take a copy or to view it.

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 New Castle Eyecare:

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 with a family member.