

Alabaster Eye Care Signature on File Form

·Responsibility Statement/Advance Beneficiary Notice·

Your insurance is a method for you to receive reimbursement for fees you have paid to the optometrist for services and materials rendered. Having insurance is not a substitute for payment. Many insurance companies have fixed allowances or percentages based on your contract with them, not with our office. It is your responsibility to pay in advance for the deductible, coinsurance/copay, or any other balances not paid by your insurance.

We will assist you in receiving reimbursement as much as possible, but you are responsible in advance for your bill.

·Financial Responsibility·

By signing this statement, you agree to be financially responsible for all charges.

·Authorization to Release Medical Information·

In compliance with HIPPA mandates, I authorize any holder of medical information about me to release to this office, contracted insurances, health care financing administrations, or other professionals or agents of any of the above, any information needed to determine benefits or the benefits payable for related services, or as needed to provide for my healthcare. This assignment will remain in effect until revoked in writing. A photocopy of this assignment is considered to be as valid as the original.

Signature of patient or authorized representative

Date

Witness

Date