Signature on File Form

- Responsibility Statement -

As a courtesy to you, we will file your insurance claim and accept assignment of benefits pending authorization from your insurance plan if applicable. Having insurance is not a substitute for payment. It is your responsibility to pay in advance for the deductible, coinsurance, or any other balances not paid for by your insurance. If your insurance company cannot give us the required information on your benefits, you must pay us and the insurance company can reimburse you directly. We will assist you in receiving reimbursement as much as possible.

Regarding Medicare: Routine visits are not covered by Medicare. A portion of the cost of glasses is covered only after cataract surgery.

- Financial Responsibility -

By signing this statement you agree to be financially responsible for all charges. All balance dues must be accounted for before materials are dispensed unless otherwise discussed. A service charge of 5% per month will be added to all overdue accounts. If we do not receive payment in a timely fashion, your account may be referred to an outside firm for collection. If this occurs, you will be responsible for all collection and attorney fees.

- Authorization to Release Medical Information -

I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine benefits or the benefits payable for related services. This assignment will remain in effect until revoked in writing. A photocopy of this assignment is considered to be as valid as the original.

Patient/Guardian Signature: _____Date: _____

Vision Plan: _____Medical Insurance: _____