Pasadena EYE CENTER

Acknowledgement of Policies

(Please read, sign and date below)

PHOTO ID: A form of photo identification, usually a valid driver's license, is required upon registration. This measure has been implemented for safety and identification purposes.

INSURANCE CARD(S): Please bring all your insurance cards on each visit. Insurance coverages are verified at each visit due to changes in member identification numbers, copays, etc. Our office cannot efficiently file your benefits without this vital information.

MEDICATION LISTS: Please provide a list of your current medications at each appointment.

COPAYMENT: It is the patient's responsibility to satisfy their insurance copayment requirements at the time of service, as well as the fee for refraction, if performed. Copayments, deductibles, and, if applicable, refraction fees will be collected at your appointment. Cash, personal checks, Visa, Mastercard, American Express and Discover are accepted. **Note:** Returned checks are subject to a service charge of $25.00 or 5% of the face value of the check, whichever is greater.

SELF-PAY PATIENTS: Patients will be responsible for payment in full at the time of service.

FINANCIAL POLICY: Pasadena Eye Center files claims on your behalf to Medicare and supplemental plan(s) or numerous primary insurance plans. Your insurance is a contract between you and your insurance carrier. Our office does not file claims for routine vision exams unless we are a provider to your health plan and you inform the office of your vision benefit. If your insurance company does not pay the claim within 90 days, you are responsible for the balance. Any deductible amount(s) are due and payable at the time of the visit. Pasadena Eye Center is bound by our contracts to collect deductibles, copays and coinsurance. Should payment of any balance be a hardship, please contact our Billing Department to arrange a satisfactory payment arrangement.

PAYMENT POLICY: As billing and postage expenses have increased, payment is expected in full within 30 days of the statement date. Payments may also be made by phone by speaking with a receptionist or billing coordinator. All accounts past 90 days will be turned over to our collection agency. Their fee of 50% of your balance is added to the amount due. This is an action our practice does not like to pursue; we will work with you to avoid this action.

ASSIGNMENT OF INSURANCE BENEFITS: Direct payment is authorized to Pasadena Eye Center of any insurance benefits otherwise payable to me or on my behalf for services rendered. It is understood by the undersigned that he/she is financially responsible for any charges not covered by this Assignment.

AUTHORIZATION FOR RELEASE OF INFORMATION: I authorize Pasadena Eye Center to release medical information concerning the service(s) performed as may be requested by third party payors in order to process payment of my claims.

AUTHORIZATION TO RELEASE OR REQUEST MEDICAL RECORDS: I authorize the physicians at Pasadena Eye Center to release or obtain any medical records needed on behalf of my health care.

PATIENT (PARENT/GUARDIAN) SIGNATURE:_____

PATIENT PRINTED NAME:_____ **DOB:**_____ **DATE**_____