



**Acknowledgement of Policies**  
(Please read, sign and date below)

**Photo Identification:** 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 be bring your insurance cards, including Medicare if this is your first visit. We verify all insurance coverage 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. Even if there are no changes in your medications, you are still required to provide a list. We have found that this is easier for the patient rather than trying to remember them in order to complete a form at the time of your visit.

**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 and, if applicable, refraction fees will be collected at your appointment. We accept cash, personal checks, Visa, Mastercard, American Express and Discover. Please 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 your supplemental plan or numerous primary insurance plans. Your insurance is a contract between you and your insurance carrier. Our office is not responsible for knowing your benefits, particularly if you have routine vision coverage. 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. Your insurance company determines your annual deductible and how it is deducted from payments made. If your deductible has not been met, you will receive a statement for the amount due. 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 payments.

**Payment Policy:** As billing and postage expenses have increased, payment is expected within 30 days of the statement date. If you would like to make your payment over the phone, you may speak with a receptionist or billing coordinator. If you are unable to make payment in full, please call our Billing Department to arrange a monthly payment plan. All accounts over 90 days past due 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 and we will work with you to avoid this action.

**Assignment of Insurance Benefits:** I hereby authorize direct payment 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 of Benefits.

**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.

**Patient’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient’s Printed Name:** \_\_\_\_\_