



FINANCIAL POLICY AND PRIVACY ACKNOWLEDGEMENT

Thank you for selecting Lifestyle Eye Center for your eye care. In order to prevent any misunderstanding concerning the responsibility for payment of medical and surgical care, it is necessary for you to read and understand the following prior to being seen by your physician.

The patient or the guarantor is responsible for payment at the time of service. The only exception is if your doctor is a participating provider of your private, state, or federal insurance program. In this case, we will accept the insurance payment as payment in full ONLY after all deductibles have been met and all co-pays have been paid. Copayments are expected when services are rendered.

Insurance Coverage

If you have insurance through a company that your doctor has contracted with, we will require a copy of your insurance card. If your insurance carrier requires a referral from your primary care physician, this must be presented prior to being seen by the doctor. Failure to provide all the necessary information may require you to reschedule your appointment. It is your responsibility to keep track of the referral expiration date and the number of visits given by your primary care physician.

Medicare

Our physicians participate in the Federal Medicare program. Medicare will pay 80% of the approved charges after you pay your annual deductible. As the patient, you will be responsible for your 20% coinsurance. If you have a secondary insurance, we will submit directly to that company after receipt of Medicare's allowable.

Assignment of Benefits

I request that payment of authorized Medicare/Medicaid/Private Insurance Company benefits be made on my behalf to Lifestyle Eye Center for services furnished to me by the provider. I authorize my provider or his/her designee to release to CMS, or any insurance program or company through which I am entitled to benefit coverage or agent thereof, any information needed to determine benefits or the benefits payable for related services.

Privacy Notice

Your privacy is important to us. A copy of our Privacy Notice is available for you to read and keep. It gives detailed information about how we may use and share your protected health care information. It complies with the latest updates to the Health Insurance Portability and Accountability Act (HIPAA).

AUTHORIZATION

I have read the above and agree that I am ultimately responsible for the balance on my account for any services. I have also been given the opportunity to read and possess a copy of the Lifestyle Eye Center Privacy Notice and I consent to allow Lifestyle Eye Center to use my protected health information as described in the Privacy Notice.

Print Patient's Name _____ Date of Birth _____

Signature of Patient or Authorized Party _____ Date _____