

SAKOWITZ EYE CENTER

LIFETIME AUTHORIZATION INSURANCE ASSIGNMENTS AND AUTHORIZATION TO RELEASE INFORMATION

1. RELEASE OF INFORMATION- I, the below named patient, do hereby authorize any physician examining and/or treating me to release to any third payer (such as an insurance company or government agency, such as Blue Cross or Medicare, and medical condition and records concerning diagnosis and treatment when requested by such third party for its use in connection with determining a claim for payment for such treatment and/or diagnosis.
2. PHYSICIAN INSURANCE ASSIGNMENT- I hereby authorize payment directly to any physician examining or treating me for surgical and/or medical benefits otherwise payable to me for their services but not to exceed the reasonable and customary charge for these services.
3. Medicare/MEDICAID- I certify that the information given by me is correct. I authorize any holder of medical or other information about me to release to Social Security Administration or its intermediaries any information needed for a Medicare/Medicaid claim. I hereby certify all insurance payment shall be assigned to the physician treating me.
4. I PERMIT A COPY OF THESE AUTHORIZATIONS AND ASSIGNMENTS TO BE USED IN PLACE OF THE ORIGINAL WHICH IS ON FILE AT THE PHYSICIAN'S OFFICE. This assignment will remain in effect until revoked by me in writing.

FINANCIAL AGREEMENT

1. Your insurance is a contract between you and your insurance company. We are not a party to that contract.
2. Not all services are covered benefits under all contracts. All non-covered services, such as refractions, are the financial responsibility of the patient.
3. **I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PAY ANY DEDUCTIBLE AMOUNT, CO-INSURANCE OR ANY OTHER BALANCE NOT PAID FOR BY MY INSURANCE COMPANY WITHIN A REASONABLE AMOUNT OF TIME, NOT TO EXCEED 60 DAYS.**
4. If this account is assigned to an attorney for collection and/or suit or to a collection agency, the prevailing party shall be entitled to reasonable attorney's fees and all costs of collection.

I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY

DATE _____ SIGNATURE _____