

ASSIGNMENT OF INSURANCE BENEFITS AND NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT

NAME OF PATIENT _____

NAME OF SUBSCRIBER _____

IF SIGNING AS A REPRESENTATIVE OF THE PATIENT, DESCRIBE THE RELATIONSHIP TO PATIENT AND THE SOURCE OF AUTHORITY TO SIGN THIS FORM:

RELATIONSHIP TO PATIENT _____ PRINT NAME _____

SOURCE OF AUTHORITY _____

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I AUTHORIZE PAYMENT OF BENEFITS DIRECTLY TO DR. THOMAS TOMASIK OR DR. ASHLEY JADENE STEVENS FOR SERVICES RENDERED. I ALSO AUTHORIZE RELEASE OF ANY MEDICAL INFORMATION THAT MAY BE REQUIRED IN DETERMINATION OF SUCH BENEFITS. ONCE A ONE-TIME AUTHORIZATION HAS BEEN OBTAINED, INSURANCE CLAIMS MAY BE SUBMITTED AT A LATER DATE ON EITHER AN ASSIGNED OR NON-ASSIGNED BASIS.

SIGNATURE _____ **DATE** _____

I UNDERSTAND THAT SOME SERVICES MAY REQUIRE APPROVAL OF MY PRIMARY CARE PHYSICIAN FOR COVERAGE AND THAT, IF I DO NOT OBTAIN THAT APPROVAL, I AM FINANCIALLY LIABLE FOR THE SERVICES.

SIGNATURE _____ **DATE** _____

I UNDERSTAND THAT MY INSURANCE CARRIER MAY NOT COVER SOME SERVICES AND PRODUCTS. BENEFIT AUTHORIZATION DOES NOT CONSTITUTE APPROVAL OF PAYMENT. SERVICE PROVIDED WITH AUTHORIZATION BUT NOT PAID BY YOUR INSURANCE CARRIER MAY BECOME YOUR RESPONSIBILITY. DEDUCTIBLES & FEES NOT PAID BY MY INSURANCE CARRIER WILL BE MY RESPONSIBILITY.

SIGNATURE _____ **DATE** _____

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IN THE COURSE OF PROVIDING SERVICES TO YOU, WE CREATE, RECEIVE AND STORE HEALTH INFORMATION THAT IDENTIFIES YOU. IT IS OFTEN NECESSARY TO USE AND DISCLOSE THIS HEALTH INFORMATION IN ORDER TO TREAT YOU, TO OBTAIN PAYMENT FOR OUR SERVICES, AND TO CONDUCT HEALTH CARE OPERATIONS INVOLVING OUR OFFICE. THE **NOTICE OF PRIVACY PRACTICES** POSTED IS AVAILABLE TO YOU AND DESCRIBES THESE USES AND DISCLOSURES IN DETAIL.

I ACKNOWLEDGE THAT I HAVE RECEIVED OR HAD ACCESS TO THE **NOTICE OF PRIVACY PRACTICES** FROM SHEINKOPF AND TOMASIK EYE CARE ASSOCIATES.

SIGNATURE _____ **DATE** _____

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FOR POST CATARACT PATIENTS ONLY

HAVING BEEN INFORMED THAT AN EXTRA CHARGE IS BEING MADE BY THE DOCTOR FOR DELUXE FRAMES, THAT IS NOT COVERED BY MEDICARE, AND THAT A STANDARD FRAME IS AVAILABLE, I HAVE CHOSEN TO PURCHASE A DELUXE FRAME.

SIGNATURE _____ **DATE** _____