

MEDICARE

We are a participating MEDICARE provider. We submit all Texas claims. Medicare pays 80% of their allowable charge after you have met your plan year deductible. You or your secondary insurance carrier will be responsible for the remaining 20%.

SURGERY

Surgery usually involves a larger fee than office procedures. Prior to any surgery, we will provide you with a financial estimate of your responsibility. Therefore, payment will be required prior to surgery. In the event of overpayment, a refund check in the amount of the credit will be sent to you. Please remember that financial estimates are solely based on information provided to us from your insurance plan. Therefore, it is NOT a guarantee of payment from them.

I ACCEPT THE POLICIES OF EYE CENTER of MIDLAND

Signature of Patient or Responsible Party

Date

AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of medical information necessary to process insurance.

Signature of Patient or Responsible Party

Date

AUTHORIZATION OF BENEFITS TO PHYSICIAN

I authorize payment of medical and surgical benefits to Ingram Eye Center for services rendered. I understand I am financially responsible to the physician for charges not covered by insurance.

Signature of Patient or Responsible Party

Date

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have reviewed this office’s Notice of Privacy Practices (posted), which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signature of Patient or Responsible Party

Date

Name of Patient or Personal Representative

Date

Description of Personal Representative’s Authority