

FINANCIAL RESPONSIBILITY FORM

RESPONSIBILITY STATEMENT

Your insurance is a method for you to receive reimbursement for fees you have paid to the optometrist for services rendered. Having insurance is not a substitute for payment. Many companies have fixed allowances or percentages based on your contract with them, not with our office. It is your responsibility to pay in advance for the deductible, co-insurance, or any other balances not paid for by your insurance. We will assist you in receiving reimbursement as much as possible, but you are responsible in advance for your bill.

FINANCIAL RESPONSIBILITY

By signing this statement, you agree to be financially responsible for all fees involved in the exam. Patients have the right to decline any procedures conducted within this facility. In the event of opting out of medical procedures contrary to the provider's recommendation, it is essential to notify the attending provider or staff prior to beginning the pre-testing process.

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine benefits or the benefits payable for related services. This assignment will remain in effect until revoked in writing. A photocopy of this assignment is considered to be as valid as the original.

Patient Signature _____ **Date** _____

Witness _____ **Date** _____