



FINANCIAL RESPONSIBILITY

To our patients with Medical and/or Vision Benefits:

We will be happy to file your insurance claim form or take assignment on your medical/vision benefits for the plans with which we are contracted and of which you state you are a member.

We will do all we can to help you receive maximum benefits. However, in the event that the plan sponsor determines that you are not eligible for coverage at the time of service, or makes a determination that you are eligible for a reduced level of coverage, by signing this statement you agree to be financially responsible for any and all charges incurred by you and not paid by the plan sponsor.

Please note:

If your plan requires a referral, it is your responsibility to obtain that referral before your appointment. Betts and Biddle Eye Care is not financially responsible for insurance denials if you do not obtain a necessary referral.

Many insurance companies do not pay for the refraction (the process by which the Doctor determines your eyeglass prescription). As a courtesy, we will attempt to bill this service for you; however, you will be responsible for the \$32 refraction fee if your insurance does not cover it. Note also that Medicare does not cover the refraction, and the \$32 fee will be collected at check-out.

I authorize the release of any medical or other information necessary to process insurance claims on my behalf. I also request payment of benefits either to myself or the party who accepts assignment for any insurance filed on my behalf.

Print name _____

Patient signature _____

Date _____

I authorize the release of information to the following family member(s) or representative(s):
