



Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of Eyes On Main & Sauk Centre Eye Clinic.

Print Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____

I represent myself.

I am a personal representative of the patient (parent, guardian, power of attorney, etc.): *I hereby certify that I have the legal authority under applicable law to make this request on behalf of the patient identified above.*

Print Name: _____

Relationship: _____

Signature: _____

Date: _____

Assignment of Benefits

Any benefits of any type under any policy of insurance insuring the undersigned, is hereby assigned to Sauk Centre Eye Clinic. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other health/medical plan, to issue payment check(s) directly to Sauk Centre Eye Clinic for medical services rendered.

Financial Agreement

I agree that in return for the services provided by the Sauk Centre Eye Clinic, I will pay my account at the time service is rendered or will make financial arrangements for payment. I understand and agree that if my account is delinquent, I may be charged interest at the legal rate. If copayments and/or deductibles are designated by my insurance company or health plan, I agree to pay them to Sauk Centre Eye Clinic. I understand that I am responsible for any amount not covered by my insurance. I have requested medical services from the Sauk Centre Eye Clinic and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of treatment.

Authorization to Release Information

I hereby authorize Sauk Centre Eye Clinic to: (1) release any information necessary to insurance carriers regarding my illness and treatments; (2) process insurance claims generated in the course of examination and/or treatment; (3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.

Signature: _____

Date: _____