

Hunters Hill Eyecare Center

Financial Agreement, Insurance Signature, HIPAA

Patient Name: _____ DOB: _____

I request that payment of authorized Insurance benefits be made on my behalf to Hunter's Hill Eye Center, LLC, for services furnished to me by Hunter's Hill Eye Center, LLC. I understand that by my signature below I authorize release of medical information necessary to pay the claim. I am responsible for any copays, deductibles, coinsurance and non-covered services.

I understand that Hunter's Hill Eye Center, LLC maintains a list of health care service plans with which it contracts. I agree that I am individually obligated to pay the full charges of all services rendered to me by Hunter's Hill Eye Center, LLC if I belong to a plan that is not contracted with Hunter's Hill Eye Center, LLC.

Patient Financial Agreement

- If my account becomes delinquent and is sent to an outside agency or attorney, I will be responsible for the collection cost (up to 35% of the balance due), to the extent permitted by law, along with reasonable attorney fees and court costs incurred by Hunter's Hill Eye Center, LLC.
- I am aware that there will be a \$35 charge per incident of returned checks.

Initial: _____

Privacy Statement and HIPAA

It is the physician's responsibility to ensure that the physician-patient relationship is confidential. HIPAA requires physicians to have permission on disclosing certain protected health information to family, friends, etc.

I hereby give permission to Hunter's Hill Eye Center, LLC to release to the person(s) written below any information about my medical condition or medical needs or the status of my account and I release Hunter's Hill Eye Center, LLC, it's physicians and staff, from any claim of confidentiality in connections with the release of this information.

Initial: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Vision vs. Medical Insurance

Vision and Medical Insurance are very different in terms of the services they cover and it's important for our patients to understand those differences. Vision coverage is mainly designed to determine a prescription for glasses and it's not equipped to deal with complex medical conditions and/or diagnosis. It does allow for screenings of eye health, but once there is a medical diagnosis, then medical is filed on those services. When a medical condition is present (such as diabetes, cataracts, dry eye, floaters, macular degeneration, etc.) it is necessary to file the visit with your major medical carrier and the co-pays for that insurance will apply as well as deductible or any non-covered services. Insurance carriers set these rules and our office is obligated to follow them. In most cases, there is no way to know prior to the examination which type of insurance our office will be able to file for you. Your treatment decisions are made by our doctors solely based on medical necessity and the availability of insurance coverage is not a factor in this decision-making process.

I understand all the above information and agree to all terms stated.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____