

Signature on File 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, coinsurance, 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.

HMO Patients It is your responsibility to obtain a referral for all visits. Failure to obtain a valid referral means that you are financially responsible for all services at the time they are rendered.

• **FINANCIAL RESPONSIBILITY** •

By signing this statement you agree to be financially responsible for all charges.

• **AUTHORIZATION TO RELEASE MEDICAL INFORMATION** •

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.

Privacy Policies I acknowledge that I received a copy of Sterling Eye Care's privacy policies. A copy is available upon request.

Do we have permission to send you your prescription electronically? Yes _____ No _____

Do we have permission to text you? Yes _____ No _____

Do we have permission to leave messages? Yes _____ No _____

What is the best number to reach you at? _____

Patient Signature _____ Date _____

Witness _____ Date _____