



A member of My Family Vision Clinic, LLC

Insurance Information

Your insurance policy is an agreement between you and your insurance company. Our relationship is with you, the patient, not the insurance company. Therefore, all charges are ultimately your responsibility, regardless of your insurance status. If you have health insurance with which we participate:

1. We will bill your insurance claim for you.
2. We expect any required copayment at the time of service.
3. If we do not participate with your insurance, filing claims is your responsibility.

Accounts 90 days past due are subject to collections proceedings, if you default payment, you will be responsible for ALL costs of collections, including but not limited to collection fees, attorney fees and court costs. You authorize contact via cell phone if collections have to be made.

I have read and understand the above:

Signature: _____

Date: _____

Release of Records

I authorize the clinic to furnish medical information regarding the treatment of my current injury/illness to any of all of the following: physicians involved in my treatment; Medicare; my insurance carrier(s); or my employer (for work related injuries).

Signature: _____

Date: _____

Privacy Notice

I have received an in-house copy of the HIPAA privacy notice.

Signature: _____

Date: _____