MOHAVE EYE CENTERS

DEAR PATIENT: We will bill your insurance company as a courtesy to you. Please make sure that we have your current insurance information on file. This will enable this office to file your insurance claims with correct information. Incorrect information will result in a denied claim. (Denied claims become your responsibility to re-file with your insurance company and your responsibility to pay.) We will wait up to 60 days for the insurance company to remit payment. If it is not paid within this time, the total bill becomes due and payable in full by the person responsible for payment of this account. We suggest you work closely with your insurance company to expedite payment. *Please forward any information they may request.*

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Please initial

ALL PATIENTS

I acknowledge full financial responsibility for medical services rendered and I agree to pay in full at the time of service, or to make prior arrangements for payment.

If my account is placed for collection, I acknowledge responsibility for associated collection expenses. A 40% collection fee will be added to any balance turned over to the collection agency.

I understand that there will be a $20.00 charge for all returned checks. I further acknowledge that after 60 days, interest will accrue on any unpaid balances on my account.

I authorize Mohave Eye Centers to release my medical records to my primary doctor and/or to the doctor who referred me. I also authorize the release of my personal information to my insurance company for the purpose of processing any claims on my behalf. I also authorize Mohave Eye Centers to request a copy or summary of my medical records from my other healthcare providers.

I request that the payment of benefits be made on my behalf to Mohave Eye Centers for any services furnished me by their providers.

Printed Name: Signature: Date:

How will you be paying for your portion of today's visit? Cash____ Check____

Credit/Debit Card____

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Please initial

Are you currently enrolled in a Hospice plan? Yes____ No____

Are you currently staying in a Nursing Home? Yes____ No____

Thank you! We appreciate your patronage and your patience.