



Statement of Insurance Authorization and Policies

Primary Eyecare Professionals will assist patients with insurance benefits, forms, and claims. All patients must present appropriate vision and medical insurance cards at the time of examination. Insurance is a contract between you and your insurance company. Primary Eyecare Professionals will operate within each patient's insurance limitations and will request payment via the patient for services above and beyond their insurance limitations. Primary Eyecare Professionals will remain neutral to insurance disputes between patients and insurance companies. As part of your comprehensive exam, we will perform screenings that may not be covered by your insurance. In the event your insurance does not cover the cost, you will not be billed in excess of \$50.00. Our office staff performs these test prior to the exam, please tell our front desk staff if you would not like to have this procedure performed. If you have any questions, the Doctor will be happy to discuss in more detail.

Insurance Compensation Approval

I, _____, authorize the payment of services rendered by Primary Eyecare Professionals from Medicare or other Insurance Programs applicable to the vision and eye health care provided at Primary Eyecare Professionals. In addition, I shall release pertinent, personal insurance information to assist in determining complete policy details and benefits within my insurance packages. As with all insurances, initial quote of benefits is not a guarantee of payment.

Signature_____

Date: _____