

Authorization/Consent to Provide Care and Bill Insurance

HOLT EYE CARE OFFICE POLICIES:

I understand that payment for services rendered to me by Holt Eye Care/Draper Eyewear are expected on the day of service. As Holt Eye Care/Draper Eyewear is willing to bill insurance companies as a courtesy to their patients, it is my responsibility to know my insurance coverage since it is a contract between myself, my employer, and my insurance company. I understand that all balances for services incurred, either after payment or denial from my insurance company(s) are my responsibility.

DIAGNOSTIC TESTING:

During the course of your comprehensive eye examination the doctor may detect an underlying medical condition and/or symptoms that require further investigation. In this case, the doctor will order additional diagnostic tests including but not limited to a visual field, retinal photography, topography, pachymetry, or laser scan to protect your vision and/or future health. These tests will be billed to your medical insurance company and may or may not be paid depending on your insurance plan and any remaining deductible.

RETURNED CHECKS:

There is a \$25.00 fee for any check returned by the bank. This fee will be added to the unpaid balance and must be paid by cash or credit card.

By signing, I understand my financial responsibility and give Holt Eye Care/Draper Eyewear permission to bill my medical/vision insurance as necessary.

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