CLEARVIEW
EYECARE AND LASER CENTER

ASSIGNMENT OF BENEFITS

Patient Name: _____ DOB: _____-_____-_____ SSN: _____-_____-_____

Address: _____ Phone Number: _____-_____-_____

_____

MEDICARE INSURANCE

I request that payment of authorized Medicare or any other insurance be made on my behalf to Clearview Eyecare & Laser Center/Clearview Surgery Center, for any services provided to me by a physician of the practice. Photocopy of this original shall be as valid as original. I authorize any holder of medical information about me to release to the Center for Medicare (CMS) and other insurers and its agents any information needed to determine the benefits payable for related services. In Medicare Assigned cases, the provider agrees to accept the charge determination of the Medicare Carrier and I am responsible for the Medicare deductible, co-insurance, and/or any non-covered services. My signature below further verifies that I have not joined an HMO or other entity in which my Medicare benefits have been relinquished.

MEDIGAP / HEALTH / VISION INSURANCE

I request that payment of authorized Medigap or any other insurance be made on my behalf to Clearview Eyecare & Laser Center/Clearview Surgery Center, for any services provided to me by a physician of the practice. Photocopy of this original shall be as valid as original. I authorize any holder of medical information about me to release it to my Medigap insurer or any other insurer and its agents any information needed to determine the benefits payable for related services. I know that I am responsible for any deductible, co-pay, co-insurance and/or any non-covered procedures. This assignment shall remain in effect until revoked by me in writing.

REFRACTION AND OPTOS RETINAL PHOTOGRAPHY

I am responsible for all non-covered services such as, but not limited to, the refraction fee and Optos Retinal Photography fee.
The refraction is a separate test performed to determine if your vision has changed or can be improved with glasses or contact lens. Please be aware that if you have a refraction, some insurances do not cover this procedure. Clearview Eyecare & Laser Center's fee for the refraction is $40.00. **Traditional Medicare does not cover refractions and is due at the time of check out.**
The Optos Retinal Photography is a retinal image used to evaluate ocular health. This retinal photography is considered best practice at Clearview Eyecare & Laser Center for comprehensive eye exams. The fee for the Optos Retinal Photography is $45.00. **Vision Insurances do not cover this procedure.**

NOTICE OF PRIVACY PRACTICES

Our Notice of Privacy Practices provides information about how medical information may be used and disclosed and how you can get access to this information. By signing this form, you are acknowledging that you have been given our Notice of Privacy Practices.

AUTHORIZATION TO DISCUSS HEALTH INFORMATION

I authorize **CLEARVIEW EYECARE & CLEARVIEW SURGERY CENTER** to discuss my health information with the names listed below:

1)_____ 2)_____

Emergency Contact:

Name: _____ Phone: _____

Patient Signature: _____ **Date:** _____

Clearview Staff Signature: _____ **Date:** _____