

LIFETIME CONSENT FOR RELEASE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

RELEASE OF HEALTH INFORMATION:

In the course of providing service to you, we create, receive and store health information that identifies you to other health care providers, hospitals, or outpatient facilities that you have or will identify to us. We have a comprehensive Notice of Privacy Practices that describes these uses and disclosures in detail. You are free to refer to this Notice at any time before you sign this consent document. The use and disclosure of your protected health information for treatment purposes not only includes care and services provided here, but also disclosures of your health information as may be necessary or appropriate for you to receive follow-up care from another health care professional. Similarly, the use and disclosure of your health information when using your insurance for purposes of payment includes our submission of your health information to a billing agent or vendor for processing claims or obtaining payment; our submission of your health information to auditors hired by third party payers and insurers such as the Social Security Administration or its intermediaries and carriers, Center for Medicare and Medicaid Services, Workers Compensation Carriers, Health Maintenance Organizations, Employers (when required), Welfare Funds, and Insurance Review Organizations among other aspects of payment described in our Notice of Privacy Practices.

THE FOLLOWING INDIVIDUALS MAY RECEIVE MY PROTECTED HEALTH INFORMATION:

Relationship: _____

Relationship: _____

GUARANTEE OF PAYMENT:

I agree to guarantee that I will be responsible to Doctors Eyecare Centers for the payment of the entire bill at the time of service. In the event that the bill is submitted for payment to an entity other than myself, I agree to guarantee to pay Doctors Eyecare Centers any balance which was intended to be covered by my insurance, but for reasons beyond Doctors Eyecare Centers control, is not paid within ninety (90) days of treatment. Lastly, if any action at law or inequity is brought to enforce this agreement, Doctors Eyecare Centers shall be entitled to reasonable attorney’s fees, court costs, and any other costs of collection incurred.

MEDICARE NOTE:

Medicare will pay for the eye health portion of the examination only if a symptom or complaint necessitated the visit to the doctor. Medicare never pays for the refraction, i.e.: that portion of the examination that determines the power of the lenses that goes into your glasses or contact lenses. You are responsible for the yearly Medicare deductible and the 20% Co-Payment. Medicare does not pay for eyeglasses or contact lenses unless you have had cataract surgery and is limited to one pair per lifetime. Doctors Eyecare Centers accepts Medicare assignment thereby holding down the costs you pay as much as possible.

When you sign this consent document, you agree that we can and will use and disclose your health information to treat you, to obtain payment for our services, and to perform health care operations.

I certify that I have read and understand each of the above paragraphs, and am the patient or the patient’s legal representative/guardian with the power to execute this document and accept its terms. I also certify that I have received a copy of Doctors Eyecare Centers Notice of Privacy Practices.

A photostatic copy of this consent shall be considered as effective and valid as the original.

Print Name

Signature

Date