



Pacific EyeCare & Optical

ASSIGNMENT OF BENEFITS

I, hereby assign all medical and/or surgical benefits, to include major benefits which I am entitled including Medicare and other government sponsored programs, private insurance and any other health plans to **Pacific EyeCare & Optical.**

This assignment will remain in effect until revoked by me in writing. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment of said benefits.

FINANCIAL ARRANGEMENTS

We re committed to providing you with the best possible care. If you have medical insurance we are eager to help you receive your maximum allowable benefits. In order to achieve these goals, we need your help and your understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our office personnel. We accept cash, checks, Master Card, Visa and Discover. We will be happy to help you process your insurance form at each visit. In special instances, we may accept assignment for insurance benefits.

YOU MUST REALIZE, HOWEVER, THAT:

- Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
- Our fees are generally considered to fall within the acceptable range by most companies, and, therefore, are covered up to the maximum allowance determined by each carrier. The applies only to companies who pay a percentage of "UCR". UCR is defined as usual, customary and reasonable fees for the region. Thus, our fees are considered usual, customary and reasonable by most companies. This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
- Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as medical care providers, our relationship is with you, not you insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about the above information of any uncertainty regarding your insurance coverage PLEASE don't hesitate to ask us. *We are here to help you.*

Signature: _____ Date _____

Witness: _____