



Lifetime Vision Center

A MEMBER OF *VISION SOURCE™*

SCOTT A. FURGERSON O.D.
O.D.

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AUTHORIZATION TO USE HEALTH INFORMATION & PRIVACY PRACTICES

Your privacy, including the confidentiality of your health information, is very important to us. Additionally, federal law prohibits the unauthorized release of your protected health information. **Before our office can use your protected information for treatment, payment or health care options, you must consent to our policies.**

By signing this form below, you have agreed to our use and disclosure of your protected health information. You may revoke your consent, in writing at any time, except to the extent that we have already acted in reliance upon your consent as shown by your signature below. **Your signature further acknowledges that you have had a chance to review and/or receive a copy of the Notices of Privacy Practices for the Lifetime Vision Center.**

FINANCIAL RESPONSIBILITY STATEMENT

Lifetime Vision Center (LVC) will submit a claim for services rendered to my insurance carrier and they do so as a courtesy. I understand that:

- If LVC is not contracted with my insurance plan, LVC will not bill my insurance plan and may not apply any discounts or refunds to the full price of services and materials.
- I am responsible for payment of co-pays and deductibles on the DAY OF service, an insurance mandate.
- I will be held responsible for any balance that remains on the account after the insurance company has paid according to yours and our contract with them.
- My insurance company may deem my visit to LVC as a non-covered service making me responsible for payment of all charges for these services.
- If my account balance remains unpaid after the initial statement, after 90 days, the balance will be sent to a collection service and will become my responsibility.
- If my personal check is returned for insufficient funds, a fee of \$30.00 will be added to my account.

I understand that payment of services & materials (if no insurance) or co-pay and deductible are due TODAY.

ASSIGNMENT OF BENEFITS: I hereby irrevocably assign to the physician and or LVC all payments for medical services rendered.

SIGNATURE OF PATIENT OR GUARDIAN

PRINT NAME

DATE