

# Signature on File

## Responsibility Statement

Your insurance is a method for you to receive reimbursement for fees you have paid to the optometrist for services rendered. Having insurance is not a substitute for payment. Many of companies have fixed allowances or percentages based upon your contract with them, not our office. It is your responsibility to pay in advance for the deductible, co-insurance, or any other balances not paid for by your insurance. We will make every attempt to assist you in receiving reimbursement, however you are responsible for your bill.

By signing this, I authorize payment of these benefits directly to Tan & Mar Optometry, PLLC, DBA Northport Eye Care, on my behalf for any services and materials furnished, and acknowledge that I am financially responsible for all charges.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Patient's Name \_\_\_\_\_

Print Guardian Name \_\_\_\_\_

Witness Signature and Name \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Release Medical Information

I authorize any holder of my medical information to release to the Health Care Financing Administration, and its agents, any information necessary to determine benefits of the benefits payable for related services. I authorize the release of all medical information necessary to process this claim, and that is pertinent to my medical care. I assign all benefits and request that payments of authorized benefits to be made to me on my behalf to Tan & Mar Optometry, PLLC DBA Northport Eye Care. This assignment will remain in effect until revoked in writing. A photocopy of this assignment is considered to be as valid as the original.

I have read and fully understand the above statements in their entirety.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Patient's Name \_\_\_\_\_

Print Guardian Name \_\_\_\_\_

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### FOR OFFICE USE ONLY

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I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, however acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other: \_\_\_\_\_

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Employee Name and Signature

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Date