

CLAIMS AUTHORIZATION FOR MEDICARE AND/OR OTHER HEALTH INSURANCE

Medicare:

"I request that payments of authorized Medicare benefits be made either to me or on my behalf to this office for any services furnished by that physician to me. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services."

Other Insurance:

" I hereby authorize any physician, health care practitioner, hospital, clinic or other medical or medically related facility to furnish any and all records, medical history, services rendered or treatment given to me or any dependent for purposes of review, investigation or evaluation of any claims submitted to other insurer.

I also authorize my insurer to disclose to a hospital or health care service plan, self-insurer or an issuer any medical information obtained if such disclosure is necessary to allow the processing of any claim.

If my coverage is under a Group contract, held by an employer, an association, trust fund, union or similar entity, this authorization also permits disclosure to them for purposes of utilization review or audit.

This authorization shall become effective immediately upon execution and shall remain in effect for the duration of any claim or term of coverage with my insurer including a reasonable time thereafter, until its final consummation. This authorization shall be binding upon me, my dependents, and our heirs, executors and administrators.

Signature: _____ Date: _____

Medicare Policy Regarding Refraction

Medicare does not consider refraction (checking your prescription for glasses), to be a part of the medical examination of your eyes. Medicare regards this as a non-covered service. If you would like us to check your eyes for glasses, Medicare requires us to bill separately for this service.

By signing below, you agree that you understand this Medicare policy.

Signature: _____ Date: _____