Seabert Eye Care

Patient Acknowledgment Form

Refraction Policy

A refraction is performed to determine the best corrected vision, as well as generate glasses prescription. Some medical/ health insurance policies do not cover this routine refraction. However, a vision policy will cover this routine service. **Without routine coverage, a $42 refraction fee will be applied and due at the end of visit.**

Assignment and Release

I authorize the release of any medical information necessary to process this bill to my insurance company, and request payment of benefits to Seabert Eye Care**. I acknowledge that I am financially responsible for payment whether covered by insurance or not.**

Notice of Privacy Practices (HIPAA)

The law requires Seabert Eye Care to make every effort to inform you of your rights related to your personal health information. By signing below, I acknowledge that, a copy of the Notice of Privacy Practices of Seabert Eye Care is available to me upon request. I understand that a copy of this consent form may be used with the same effectiveness as the original.

By signing below, I acknowledge that I have read and understand the Refraction Policy, Assignment and Release, and Notice of Privacy Practices

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Signature Date