Signature on File, Assignment of Benefits, Release of Medical Records, Financial Agreement

Assignment of Benefits and Authorization to Release Information

- I request that payment of authorized Medicare or insurance benefits be made on my behalf to Master Eye Associates (TAX ID 58-2413634 Optometric Associates of Texas PA) for services they furnished to me.
- I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services or my insurance company and its agents any information needed to determine these benefits or the benefits payable for related services.
- I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If I have other health insurance (secondary insurance) my signature also authorizes the same release of information and payments to Master Eye Associates.
- I understand that Master Eye Associates accepts the charge determination (allowable amount) dictated by my insurance or Medicare as the full charge and **I am responsible only for the deductible, coinsurance and non-covered services.**

Release of Medical Records by Master Eye Associates

If I am referred by Master Eye Associates to another doctor, I hereby request that my medical records/eye care records (complete), prescriptions and all my demographic information through the current date be released to the physician that I am referred to for further care.

Financial Agreement

Master Eye Associates is required by law to collect all co-payments, co-insurance and deductibles. Although we will make every effort to collect from your insurance carrier, you are ultimately responsible for the payment of your fees in full.

We will collect any deductible and/or co-insurance amounts due to Master Eye Associates at the time of your visit.

If your account is sent to a collection agency an additional fee of 50% of the balance due will be added to your account. A rebilling fee will be added each month until the account is paid in full.

Thank You for the Privilege of Allowing Us to Care for You