

Insurance & Payment Policy

- All co-pay's and non-covered fees are due at the time of service.
- All referrals are responsibility of the patient. Please let us know if you need any information to obtain a referral.
- In the event your account is turned over to collections, a \$25 processing fee will be added to your balance owing.
- We can bill most insurance as a courtesy if given the proper information at time of service. We will do our best to provide accurate fees on all services provided, however, patients are responsible for any balance owing after the insurance has paid.

Insurance is not a guarantee of payment and actual benefits are determined by the insurance company.

Patient Signature _____ Date _____

Pacific EyeCare of Port Orchard/Eyedesigns
Notice of Privacy Practices Acknowledgement

This Notice of Privacy Practices is required by the Privacy Regulations created as a result of the Healthy Insurance Portability and Accountability Act (HIPAA) of 1996.

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record.

We will not disclose your record to others unless you direct us to do so or unless the law authorized or compels us to do so. You may see your record or get more information about it by contacting the receptionist.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

PLEASE LIST INDIVIDUALS YOU WISH TO PARTICIPATE IN YOUR CARE:

This will be someone we can leave messages with regarding appointment times, ask questions regarding insurance, account information, and patient care.

By signing below I acknowledge receipt of the notice of privacy practices.

Patient Signature _____ **Date** _____

Name _____ **Phone #** _____ **Relationship** _____

Name _____ **Phone #** _____ **Relationship** _____

This form will be retained in your medical record.