

**Welcome! Thank you for completing the follow few pages to the best of your ability.**

**Billing and Insurance**

**1) Who are we providing services for today?**

\_\_\_\_\_ Patient Name Patient Date of Birth \_\_\_\_\_

**2) In order to file any insurance properly, we need the legal first and last name of the primary holder of the policy.**

(Who signed up for the insurance plan? Usually you or your spouse, or a Parent)

\_\_\_\_\_  Same as above \_\_\_\_\_  Same as above  
Primary holders name Primary holders Date of Birth

\_\_\_\_\_ Primary holders employer \_\_\_\_\_ Primary holders Social Security Number

Patient's relationship to the primary holder \_\_\_\_\_

**3) Who is responsible for payment not covered by Insurance?**

Self  Parent or Guardian \_\_\_\_\_  
(Name of parent or guardian responsible)

**4) Choose one of the following billing options:**

- I will be using Insurance that the Doctors office will help file for me.
- I file my own Insurance, and I will be using Cash, Check, or Credit Card for today's visit. (Insurance companies reimburse the patient directly)
- I will not be using Insurance for this visit, I will be using Cash, Check, or Credit Card (MasterCard or Visa)

**5) Please read and sign the following authorization:**

- We will submit claims for the following insurances: Aetna, Blue Cross/Blue Shield, Cigna, Coventry, Eyemed, Medicare, VCP, VCD, and Vision Service Plan (VSP). For all other insurance carriers, we will provide you with an itemized statement showing payment for services.
- Payment for the examination is due at the time of service.
- Payment for all materials is expected in full upon ordering.
- Because of the many different insurance plans available, it is impossible for us to know of all the details of each plan. We will try to offer as much assistance as we can, but the final responsibility rests with the patient to know if they are eligible for services under their plan. We commonly file insurance one time for any eligible patient.
- My signature below indicates that I understand the above and hereby authorize the release of information to third parties for insurance purposes.

**X**  
\_\_\_\_\_ Signature \_\_\_\_\_ Date

**6) Please show your Insurance Information (card) to the receptionist. Thank You!**