

## PATIENT CONSENT FORM

Patient Name: _____	Date of Birth: _____
Guarantor: _____	Provider: _____
Address: _____	Home Phone: _____
City, ST/Zip: _____	Day Phone: _____
E-mail Address: _____	Cell Phone: _____
Insurance: _____	Preferred Name: _____

### Financial Responsibility:

**In order to control the cost of billing, payment is due when services are rendered.**

First Eye Care will file primary insurance only and the filing of any secondary insurance is the responsibility of the patient. Every patient's insurance is different and it is beyond the ability of our staff to know the benefits of every plan. Our office can never guarantee coverage or payment for any service provided by our office because insurance companies do not guarantee benefits. We will not know what you will owe until after the insurance company has processed the claim. You are responsible for any balance remaining unpaid by your insurance company. Past due accounts are subject to collection fees and there will be a \$35.00 charge for all returned checks. *First Eye Care reserves the right to decline payment by check at the discretion of the Office Manager.*

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

### PATIENT AUTHORIZATION FOR SERVICES

I have read the explanations on dilation, retinal photography, and contact lens fitting and have made the following decisions. I also authorize the above named patient to receive the indicated services.

#### Dilation

- I prefer Retinal Photography with Dilation (\$39.00)
- I prefer Retinal Photography without Dilation (\$39.00)
- I prefer Dilation only (no charge)
- I understand the importance of having my eyes dilated, but I do not want the Retinal Photography or Dilation at this time.

#### Contact Lens Patients

- Yes, I prefer a Contact Lens Exam that is elective and usually not covered by insurance.
- No, I do not want a Contact Lens Exam and further understand that I will not be able to order any contact lenses without this exam.

#### **Preferred Method to be notified that your Eyewear is Ready:**

Text Message at: \_\_\_\_\_ E-mail at: \_\_\_\_\_ Phone Call at: \_\_\_\_\_