

## Insurance coverage at Colorado Eye Care

Assignment of Benefits and Choice Type of Insurance Used- Please check to acknowledge agreement

I hereby assign to Colorado Eye Care (CEC) or any other third-party, benefits available for health services provided to me. I understand that CEC has the right to refuse or accept assignment of benefits. If these benefits are not assigned to CEC, I agree to forward to the Practice all health insurance and any 3<sup>rd</sup> party payments I receive for services rendered to me immediately upon receipt. I understand that I am responsible to pay ALL non-covered services, including those for refractions, copayments, deductibles, and co-insurance at the time of service. **I understand that I am responsible for providing accurate insurance information at every visit—failure to do so may result in nonpayment by the insurance carrier and I will be responsible to pay all fees incurred.**

My signature below acknowledges my agreement with this statement.

\_\_\_\_\_

Print name

\_\_\_\_\_

Sign Name

\_\_\_\_\_

Date

Choice of insurance—Vision or Medical—Please select all that apply

- Vision Eye Examination**—You must have a VISION INSURANCE benefit that our practice is in network with to use this type of insurance. Many vision insurances will pay for fees associated with receiving a refraction (which provides a prescription for glasses or contact lenses). However, you must use your vision insurance in order to access this benefit.

My Vision insurance is: \_\_\_\_\_

Primary holder for this insurance: \_\_\_\_\_ Last four numbers of SS# for primary holder \_\_\_\_\_

Date of Birth of Primary Holder \_\_\_\_\_

- Medical Eye Examination**-- You must have a MEDICAL INSURANCE benefit that covers your eye care. These examinations are for the diagnosis and treatment of eye conditions and diseases. Medicare and many other insurances will not reimburse CEC for the cost of the refraction, so if you are here for Medical Eye Examination and you would like to receive a new or revised eyeglass prescription, you will be required to pay \$40 for the refraction at check out today. By checking this box, you consent to pay this fee.

I do not want a refraction today

I do not have vision or medical insurance—I agree to pay all costs associated with today's visit.