



## Assignment Of Benefits, Financial Responsibility, and Patient Insurance Information

### **To our patients with Vision/Medical Benefits:**

We will be happy to help you file your insurance claims forms to take assignment on your benefits as designated by the plan of which you are a member. We will also do all that we can help you to receive your maximum benefits. These services will be provided at no additional charge to you.

However, In the event that the Plan Sponsor determines you are NOT eligible at the time of service, or makes a determination that you are eligible for a reduced level of coverage, by signing this statement, you do hereby agree to be financially responsible for any and all charges incurred by you and not paid by the Plan Sponsor.

In addition, signing of this statement will serve as authorization for the release of any information required to process your claim to the Plan Sponsor. All insurance benefits will be paid directly to Dr. Ken Merchant and you agree to be responsible for all charges not covered by your plan.

### **To Our Patients without Vision/Medical Benefits:**

You do hereby authorize all necessary charges incurred for today's visit and charges for any materials (such as spectacles or contact lenses) ordered and agree to be solely responsible for all such charges.

### **All Patients:**

Responsible Party's Name & Date of Birth: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Employer: \_\_\_\_\_

Social Security Number or Drivers License Number: \_\_\_\_\_

### **Insurance Information:**

Vision & Medical Insurance\*: \_\_\_\_\_ ID: \_\_\_\_\_

Members Name & Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

I agree to that the information I have given above is accurate to the best of my knowledge. I also agree to the terms of the Assignment and Financial Responsibility as they apply to me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*You may use that back of the page if more space is needed for your insurance information.