



ACKNOWLEDGEMENT OF DISCLOSURE AND ACCEPTANCE OF PATIENT FINANCIAL RESPONSIBILITY

FINANCIAL & INSURANCE FILING POLICY

- If you are unaware of your insurance plan at the time of your appointment, you understand we cannot bill your insurance plan retroactively, including Oregon Health Plan.
- All charges from your appointment are your responsibility, whether or not your insurance company pays. We cannot become involved in disputes between you and your insurer regarding covered or non-covered charges, deductible or copays.
- Elemental Eyecare has permission to bill your insurance carrier for services rendered.
- If your insurance company does not pay your claim within 30 days, it is your responsibility to contact them to expedite payment. If your insurance company refuses to pay, you are responsible for payment.
- If your insurance company does not pay within 45 days, we will require you to pay the balance by cash, check, money order, Care Credit, Visa, Discover, American Express or MasterCard.
- Payment for copay and/or deductible payment is due at the time services are rendered.
- There is a \$25 returned check fee, when applicable.

The Patient or the Patient's legal representative hereby acknowledges that he or she has been informed the health care services to be provided to the Patient may not be approved for payment under the Patient's health benefit program. Accordingly, the undersigned agrees that the Patient or Patient's legal representative, and not the applicable health benefit program, will bear full financial responsibility for payment of all charges for these services.



PRIVACY PRACTICES CONSENT

- I give Elemental Eyecare my consent to use or disclose my protected health information to carry out my treatment, obtain payment from insurance companies and to carry out operations like quality reviews.
- I have been informed that I may review Elemental Eyecare's Notice of Privacy Practices (for a more complete description of uses and disclosures) before signing this consent.
- I understand that Elemental Eyecare has the right to change its privacy practices and I may obtain any revised notices at Elemental Eyecare.
- I understand I have the right to request certain restrictions on how my protected health information is used. However, I understand that Elemental Eyecare is not required to agree to this request. If Elemental Eyecare agrees to my requested restrictions, they must follow my restrictions.
- I also understand I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.