

SAGER EYE CARE CENTER

FINANCIAL POLICY

Welcome to our office. Thank you for choosing *Sager Eye Care Center* for your eye care needs. Listed below is the financial policy of our office.

- **Full payment is due at the time services are rendered. Eyeglass orders require a minimum deposit of 60% of the total charge before they are sent to the lab.**
- **Adults accompanying minors will be responsible for payment at the time of service.**
- **We will accept assignment of your insurance benefits after verification of coverage.**
- **If there is a balance after the insurance company pays, it is YOUR responsibility. Our agreement is with you and not the insurance company.**
- **If the Balance Due has not been paid after 3 billing statements are mailed to you, your account will be sent to a collection agency.**

ASSIGNMENT OF ALL INSURANCE BENEFITS

I hereby authorize direct payment to JEFFREY E. SAGER, O.D.,P.A. for services rendered by Dr. Sager or under his supervision. I understand that I am financially responsible for any balance not covered by my insurance company including, but not limited to deductibles, co-insurance and non-covered services.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Dr. Sager to release any medical information that may be necessary for medical care, processing insurance claims or in processing application for financial benefits.

LIFETIME PATIENT SIGNATURE: _____ Date _____

PRINT NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____ Date _____

PRINT NAME: _____

If unable to sign, state reason: _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have reviewed/received a copy of
Patient Name

Jeffrey E. Sager, O.D.,P.A.'s Notice of Privacy Practices.

Signature of Patient/Guardian

Date