eye physicians OF ORANGE COUNTY PC

1 Hatfield Lane , Goshen NY | 845 RT 17M , Monroe NY | 42 High Street, Warwick NY | 30 Canal Street, Port Jervis NY

REGISTRATION FORM

First:_____Last:_____Date:_____

DOB:_____ ___SS#:_____Gender:_____

Address:_____ Apt:____City, State, Zip:_____

HomePhone:_____Work:_____Cell:_____

Email:_____

Primary Care Physician:_____Phone:_____

Pharmacy Name:_____Phone:_____

Guarantor/Insurance Policy Holder (If not the same as patient)

First:_____Last:_____

Address:_____ Apt:____City, State, Zip:_____

Phone:_____SS#:_____ DOB:_____

Employer:_____

Insurance Plan:_____ ID#:_____

Insurance Plan:_____ ID#:_____

I authorize the release of any medical or other information necessary to process a claim. I understand and agree that I am responsible for the balance of my account for any professional services including any unmet deductible, copayments and non covered services. I authorize payment of benefits directly to the physician. I further understand that in the event this account is turned over to attorney for collection, I will be responsible for a collection fee of 29% of the balance account.

Signature: _____ Date _____

PRINT NAME: _____

If the patient is a minor an *Authorized Consent to Medical Treatment of a Child* must be notarized in order for anyone other than the parent to accompany the child.

PATIENT NOTIFICATIONS

Deductibles, Co-pays and Patient Responsibility

- Self pay patients are required to pay $120 upon arrival and any additional services upon checkout.
- HMO Insurances require a referral. It is the patient's responsibility to bring this referral to the appointment.
- PAYMENTS ARE EXPECTED AT TIME OF SERVICE. A $5 SURCHARGE FOR EVERY BILL WILL BE SENT OUT.

NON-COVERED SERVICES

- Refraction is the procedure that determines your eyeglass prescription. Medicare and nearly all commercial insurance carriers **DO NOT COVER THIS SERVICE.** There is a $40 charge for this service. Payment is expected at time of service.
- Once this prescription has been filled, Eye Physicians of Orange County, PC will not be financially responsible for any adjustments UNLESS the prescription has been filled in our Optical Shops located in Goshen or Monroe offices.

MEDICARE

- Medicare patients are responsible for 20% of the charges for each encounter. Your Medicare plan may also have coinsurances and deductibles for which you are responsible. Payment is expected at the time of each visit.
- Any secondary insurances carriers will be billed and patients will be responsible for any non-covered services.

COLLECTIONS

- If an account has been without payment for 90 days, outstanding balances will be sent to a collections agency with an additional charge of 29%.

NO SHOWS, CANCELATIONS AND LATE ARRIVALS

- We require a 24 hour notice of cancellation.
- I understand that Eye Physicians of Orange County, PC reserves the right to charge $50.00 if I fail to keep my appointment or cancel my appointment with less than 24 hours notice.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

I have been made aware of the HIPPA act, available upon request at reception area. I give the following individual permission to obtain information pertaining to my medical care.

Name of Individual:_____
Relationship_____

I have read and understand the above office policies.

Signature: _____ Date _____

PRINT NAME: _____