



AUTHORIZATION FOR TREATMENT AND CONSENT FOR CARE

I understand and agree that I am personally responsible for payment of all services rendered. Health and accident policies are an arrangement between my insurance carrier and myself, however, GulfCoast Eye Center may accept certain insurance assignments of benefits. The acceptance of insurance assignment is individually determined and prior authorization is required. I understand that upon termination of care, any outstanding charges for professional services rendered will be immediately due and payable.

COLLECTION FEE AGREEMENT: I understand that failure to pay my account will result in being turned over to a collection agency. I agree to pay all collection costs, which includes but is not limited to, agency fees, court costs, attorney fees and any other costs for the collection of my account balance.

Patient Signature: _____ Date: _____

Relationship, If Guardian: _____

INSURANCE AUTHORIZATIONS AND CONSENTS

Please initial each statement below and sign.

_____ I authorize GulfCoast Eye Center to print "Signature on File" on my insurance claim forms.

_____ I authorize GulfCoast Eye Center to act as my representative to help me obtain payment from my insurance company for any services rendered.

_____ I authorize GulfCoast Eye Center to release information to my insurance company or companies.

_____ I authorize direct payment of insurance claims to GulfCoast Eye Center.

_____ I authorize a copy of these authorizations to be used in place of the original.

_____ I understand it is my responsibility to know what my **vision benefits** and Co-Pays are.

Patient Signature: _____ Date: _____

Relationship, If Guardian: _____

CONSENT TO TREAT MINOR CHILD

I Hereby authorize Dr. Steven Bovio or whomever he may designate as his assistants to administer care as he deems necessary to my _____ (indicate your relationship to the child).

Child's Name: _____

Dated at _____ (city and state) on _____ (date)

Signature of Guardian: _____

Printed Name: _____

Witnessed: _____ Date: _____