



The Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement of Receipt of Notice of Privacy Practices

In order to provide service to you, the patient, Lakeview Eye Care will collect private health information that identifies you. We will receive, create, and store your protected health information. It is often necessary for us to use and disclose your health information to treat you, obtain payment for services, and conduct healthcare operations in our office. The Notice of Privacy Practices describes these uses and disclosures in detail. I acknowledge that I have been informed of The Notice of Privacy Practices. I acknowledge that I may request a copy of The Notice of Privacy Practices at any time.

If you would like to authorize Lakeview Eye Care to share your private health information when requested by family members please list them below, including relationship:

Patient Name

Patient/Guardian Signature

Date

Insurance & Patient Responsibility for the Bill

Patients are financially responsible for the timely payment of all charges incurred. For those patients with insurances accepted by our office, we will submit the bill to the patient's insurance company first for payment unless requested not to do so. Please note, it is your responsibility to pay any co-payment amounts at the time of your visit. If you have a deductible that has not been met, a co-insurance payment, or non covered service, the portion of the bill that your insurance company did not pay will be billed to you. Any and all outstanding balances must be paid at the time of check-in or you will need to reschedule your appointment. If a payment cannot be made prior to your exam, you may arrange a payment plan with our billing office. Failure to pay outstanding balances within 90 days may result in the practice forwarding your account to a Collection Agency of our choice and may result in additional fees for you to pay. On occasion, a patient may be expecting a routine vision exam but have a medical eye problem. In these instances your eye condition will be treated medically and billed to your medical insurance.

Patient/Guardian Signature

Date