

Patient Signatures on File

There are two types of insurance that will help pay for eye care services and products. You may have both and our practice accepts both:

1. Vision care plans (such as Eyemed and VSP)
2. Medical insurance (such as Blue Cross and Medicare)
 - * Vision care plan benefits are for routine vision exams along with eyeglasses and contact lenses. Vision plans only cover a basic screening for eye disease. They do not cover diagnosis, management or treatment of eye diseases.
 - * Medical insurance must be used if you have any eye health or systemic health problems that affect the eyes. Your doctor will determine if these conditions apply to you, but some are determined by your history.
 - * If you have both types of insurance plans, it may be necessary to bill some services to one plan and other services to the other. We will use coordination of benefits to minimize your out of pocket expenses.

As a courtesy, we verify your benefits and eligibility with your insurance company. Your coverage will be determined by your insurance company after the claim has been filed. We will file only insurance presented on the day of your appointment. All bills must be paid on the day of service.

Please read and sign below. I authorize the release of any medical information necessary to process my insurance. I also authorize payment of medical benefits from my insurance to Nice Eye Care for services rendered and I agree to pay all costs that my insurance does not cover.

Signature _____

We now offer a secure patient portal with information about your eye health using your email address. It allows you to update your health and contact information as well as to receive reports and prescriptions from your examination.

Please read and sign below. I agree to receive my eyewear and contact lens prescriptions through the patient portal.

Signature _____ Date _____

Please read and sign below if the patient is a minor. As legal guardian, I authorize Nice Eye Care and staff to provide any necessary eye care in the examination and treatment of this patient.

Signature _____ Date _____

Relation to patient: _____

***Thank you for assisting us by completing this form.
We appreciate you visiting us today and look forward to serving you .***

Please present your insurance card to assist us in filing for your vision and medical benefits.