

Insurance Signature and Information Release Form

D.A. BRODMANN, O.D.

Patient Name: _____

I certify that the information given by me in applying for insurance and/or Medicare/Medicaid payment is true and correct. I authorize my doctor to act as my agent in helping me to obtain payment of my insurance benefits and I authorize payment of these benefits directly to D.A Brodmann, O.D. on my behalf for any services and materials furnished.

I certify that Dr. Brodmann has made me aware of my rights under HIPPA, that a form is available for me to read and review in her office and that I can alternately go to <http://stowe-eyecare.com/patientforms.html> at any time to print and save a copy of these rights afforded to me under HIPPA.

I authorize any holder of medical information about me to release to the Healthcare Financing Administration and its agents, or any like agency or information exchange, any information needed to determine these benefits payable to related services.

If I have any other health insurance coverage or vision insurance coverage, my signature authorizes the release of the above medical information to the insurer or agency shown and further authorizes my doctor to act as agent on my behalf as shown above.

I agree to pay for ANY fees that my insurance company has denied and/or deems to be my responsibility and/or any payments that may be due to the provider should they be credited toward an applicable deductible or co-insurance as outlined by my insurance company. I also understand that it is my responsibility to contact my insurance company to be made aware of any deductibles, co-insurances or other out of pocket expenses that may be a part of my plan should I not be aware of these already.

Finally, I agree to pay out-of-pocket for any materials or services that are rendered outside my dates of coverage (insurance that has lapsed or not yet gone into effect) or that are not covered by my insurance plan.

X _____

Signature of Patient

Date

X _____

Signature of Parent/Guardian or Legal Representative

Date