

INSURANCE INFORMATION

Beaverton / Tigard Vision World's first and foremost priority is to provide excellent eye care for every one of our patients. We will gladly bill the primary insurance carrier and, if a referral is required, we will try to obtain one as a courtesy to our patients. However, it is ultimately the primary policy holder's responsibility to make sure that payment is received in a timely manner and that referrals are approved by the primary care physician. It is also the primary policy holder's responsibility to know their insurance carrier and individual policy information. **As a courtesy to our patients we will verify insurance benefits**, but this **does not guarantee payment** and Beaverton Vision World will not be held responsible. All unpaid insurance balances are transferred to the patient after 90 days.

Insurance Company: _____

Policy Holder's Name: _____

Member ID Number: _____ Group Number: _____

Policy Holder's Social Security Number: _____ - _____ - _____ DOB: ____/____/____

Employer Name: _____

Policy Holder's Address: _____

If patient is a minor, are they a full time student? Yes / No

Authorization:

"I, _____, certify that I have read and understand the information on this form to the best of my knowledge and have answered all the questions honestly and accurately. I authorize Beaverton Vision World and Tigard Vision World to release any information, including diagnosis and the records of any treatment or examination rendered to me or any of my dependents, during the period of such eye care to third party payees and/or health care practitioners. I authorize and request my insurance company to pay for any unpaid balances transferred to my account due to lack of referral; I will not hold Beaverton Vision World or Tigard Vision World responsible for provider adjustments or write offs in such event. I also understand that my insurance carrier may pay less than the actual bill for my services, in which case I agree to pay any outstanding balances on my account and the accounts of my dependents."

X _____ Date: ____/____/____

Signature (or parent signature, if a minor)

(Print your name here)