



CLEARFINITY EYECARE  
OPTOMETRIST  
— VISION FOR LIFE. A CLEAR CHOICE —

## FINANCIAL INFORMATION/PRIVACY PRACTICES

In order to control the cost of billing, we ask that the patient's portion is paid at the time services are rendered unless other arrangements are made in advance. We would rather control billing costs than be forced to raise our fees. All professional services and material are charged to the patient. The undersigned will ultimately be responsible for any bill incurred in this office regardless of insurance. Accounts 90 days old are subject to collection fees. There will be a service charge of \$25 on all returned checks.

Payment from my insurance is to be paid directly to Clearfinity Eyecare Optometrist and I understand that (name of vision savings plan or medical insurance)

\_\_\_\_\_ will be billed as my primary insurance. I understand that billing any secondary insurance is my responsibility. I understand that all benefits quoted to me are not a guarantee of payment by my insurance company and that final determination can only be made once the claim is processed.

All eyewear purchases are **final sale and only a store credit** can be issued that can be used for any future eyewear purchases.

### PRIVACY PRACTICES

I have received, read, and understand your **Notice of Privacy Practices** containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization any time to obtain a current copy of the Notice of Privacy Practices. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree you are bound to abide by such restrictions.

Printed Name of Patient \_\_\_\_\_

Signature of Patient or Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_