Form Usage Instructions

To use this form you must have Acrobat Reader 5 or greater installed.
Click here to download the current version of Adobe Acrobat Reader.

- Use the tab key to move from form field to form field.
- To enter in text, tab to (or click in) the area you wish to type in and begin typing.
- To check off choices on the form (yes/no type), click in the boxed or underlined area and an “x” or check mark should appear.
- To print out a copy of the form to retain for your records, click on the “Print Form” button toward the bottom of the last page.

If you experience difficulty submitting this form, please follow these directions:
1. Print the form.
2. Complete with black pen and bring the form to the office at the time of your appointment.
3. If you do not have a printer, you can fill out the form at the office prior to your appointment.

Please fill out the form as completely as possible. If you have any questions, please contact your doctor.

Chelsea Eye & Cosmetic Surgery Associates
Financial Policy

We are committed to providing you the best possible medical care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve this goal, we need your assistance and your understanding of our financial policy.

Self Pay

Payments for services are due when services are rendered unless the practice administrator has approved payment arrangements. We accept cash, checks, MasterCard, Visa and American Express. If we do not participate in your insurance plan, we will be happy to help you process your insurance claim for your reimbursement once you have paid the office. A completed insurance form must accompany any such request at each visit. Returned checks will be subject to a $25.00 service charge.

Insurance

You must realize that your insurance policy is a contract between you and the insurance company. We must emphasize that as medical providers, our relationship is with you and not with your insurance company. While the filing of insurance claim forms is a courtesy we extend to our patients, all charges are your responsibility from the date the services are rendered. You are expected to know and follow all regulations or procedures as agreed to by you and your insurance company regarding referrals, second opinions or pre-certifications. We will assist you in obtaining pre-certification for service as needed. Failure to obtain this information or to provide incorrect information (wrong insurance company, invalid policy number, etc.) may result in denial of your claim, and you will be held responsible for the balance. Any out-of-pocket expenses such as the deductible and coinsurance/co-payments must be paid at the time of service. If you belong to any restricted "HMO" (needing a referral from your Primary Care Physician), we cannot see you without a referral unless you pay for the visit yourself.

Your insurance company may not cover certain tests considered necessary by your Chelsea Eye doctor. Under these circumstances you will be financially responsible for the costs of such tests.

I realize that all office visits are to be paid at the time services are rendered unless prior arrangements have been made. I authorize the release of any medical information necessary to process my insurance claims. I consent to photography if medically indicated and authorized release of payments for medical benefits to be made directly to the physicians of Chelsea Eye Associates, LLP.

I have read and fully understand the policies of this office regarding payments and insurance. I agree to pay for services and tests not covered by my insurance plan. I understand that I am responsible for following my insurance plan's regulations, policies and procedures. A $30.00 re-submission fee will be charged if the insurance information you provide to us is incorrect or invalid (i.e., coverage has been terminated or changed), and you want us to re-submit your claim.

_______________________________________ ______________

Patient's Signature/Guarantor's Signature **Date**

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Patient's Printed Name/Guarantor's Printed Name