

VISION SOURCE TULSA

A MEMBER OF *VISION SOURCE*

Terry Lawson, O.D.
Kelsy Simpson, O.D.
Kacy Henley, O.D.

Acknowledgement of Insurance Benefits

Many patients have both vision and medical insurance. These plans cover different types of services, and it is important to us that our patients understand those differences.

Vision plans cover routine vision care which will determine a prescription of glasses/contacts. Medical plans are designed to handle non-routine medical conditions (i.e., diabetes, cataracts, ocular injuries, or infections, etc.) If a medical diagnosis or condition is present, we will file the visit with your medical plan. Co-pays and deductibles (as defined by your insurance plan) will apply, as will any non-covered service or out-of-network charges.

To Our Patients with Vision/Medical Benefits:

_____(initial) I understand that I am responsible for all payment obligations arising out of my treatment or care and I guarantee payment for these services. I am responsible for deductibles, co-payments, co-insurance amounts or any other patient responsibility indicated by my insurance carrier, which are not otherwise covered by supplemental insurance.

_____(initial) I authorize the release of any medical or other information necessary to process the insurance claim. All insurance benefits will be paid directly to Terry Lawson O.D., Kacy Henley O.D., and Kelsy Simpson O.D.

_____(initial) I understand that it is my responsibility to know my own insurance benefits, including whether we are a contracted provider with your insurance company, your covered benefits and any exclusions in your insurance policy, and any pre-authorization requirements of your insurance company.

To Our Patients without Vision/Medical Benefits:

_____(initial) I understand that I am responsible for all charges incurred from today's visit and charges for materials (such as spectacles or contact lenses) ordered and agree to be solely responsible for all such charges upon completion of visit.

Patient Name

Patient Signature

Date

Parent/Guardian Name (if minor)

Parent/Guardian Signature

Date