

Assignment of Benefits



Acct #:

Printed Name of Patient:

FAQ

I registered online! Why do I need to fill all this out again?

You don't! Just ask the front desk to print out your online registration. If nothing is missing, then all you have to do is sign the bottom of this page.

How do I get access to my medical records?

You can access your records 24-7 by going online at www.mountainvieweyes.com and clicking the links to register on our secure patient portal. Alternately, feel free to request your records at our office using our brief one-page form.

Will my insurance cover this?

We can't provide you with a guarantee of coverage, but we're happy to check your eligibility and request a benefits summary from your insurance company. Many services are not covered by insurance. To ensure we can give you the most accurate information available, please be sure to give us all of your insurance information, including both vision and medical coverage.

I want contact lenses. Is there a separate charge for that, and does my insurance cover it?

There is a separate charge for contact lens fittings, contact lenses, glasses, glasses prescriptions, and well-vision exams. The good news is, many vision insurances cover all of those things! However, many vision plans bundle the benefits for glasses versus contact lenses, so be sure to familiarize yourself with your benefits, and if you aren't sure, ask a staff member for help figuring out what you can get before you talk to the doctor or make any purchases.

How much will my appointment cost today?

With real-time eligibility and benefits information at our fingertips, we're more than happy to provide you with an estimate for today's services. However, please keep in mind that depending on your eye condition, vision or medical, you may need additional imaging or procedures that we can't predict until the doctor looks at your eye. The total cost of your exam is dependent on factors including but not limited to the complexity of the exam or services and/or the necessity of additional services, procedures, or products not anticipated prior to completion of your appointment. Remember, it is ultimately your responsibility to confirm and discuss these additional charges as needed, as well as your insurance benefits. Mountain View Eye Center recommends thorough discussion with your clinician or physician regarding each stage of your appointment.

Do I need a referral or prior authorization to be covered for this?

That depends on your plan! If you have any sort of military insurance, the answer is probably yes. If you have an HMO or a limited Medicaid plan, the answer is also probably yes. Please verify with a staff member and with your insurance carrier that you have met all of these requirements. Our office cannot give you a guarantee of coverage, but we will do everything we can to ensure that your experience is as smooth and convenient as possible.

Acknowledgment and Assignment

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance.

I acknowledge receipt and understanding of the policies and information listed in the FAQ above and here in the Acknowledgment and Assignment section. I certify that the information on my Demographic and Insurance forms is true and accurate to the best of my knowledge.

I request that payment of authorized Medicare and/or insurance benefits be made on my behalf for any services furnished to me. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services, its agents, or any insurance carrier I may have, any information needed to determine these benefits, or the benefits payable for related services.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

Signature of Patient or Legal Guardian

Date