

Assignment of Benefits for Insurance Coverage

Your eye health is important to the Doctors and staff at Gilbert Eyecare and Dr. David Gilbert & Associates. The American Medical Association recommends that patients have an exam performed every year to determine the health of your eyes.

Dr. David Gilbert and Dr. Deena Falsetta-Gilbert medically specialize in determining your eye health using state of the art equipment and years of experience as Optometrists.

During your eye exam, Our doctor's will check the refractive state and internal health of your eyes with ocular equipment along with a visual examination and discussion of your overall physical health.

Most medical insurance carriers have benefits that cover the varying diagnostic results from your exam.

Your primary Medical Benefits may be applied based on your eye health diagnosis if the result falls into a medical diagnostic category. The benefits applied would be the same as any other health exam performed by a specialist physician during an office visit and any applicable testing under the benefit coverage for laboratory and diagnostic testing.

You might also have a Vision plan benefit that offers discounts and/or allowances towards corrective materials such as glasses, frames, and contact lenses as well as preventive eye care services.

Based on the insurance information you provide at the time of your appointment, we will verify what types of benefits you have under your policy prior to your appointment. If it is determined that you are not eligible or do not have current benefits we will notify you immediately and discuss your options including the costs as a Self pay patient.

How your insurance benefits will be applied to your visit will be based on the final determination of your eye health exam. A claim will be submitted for processing for payment to your insurance carrier.

If you wish to have your insurance carrier billed and for us to file the claim on your behalf please sign the Assignment of Benefits statement below confirming you understand the insurance claim filing process, procedures and patient responsibilities associated with this process. Insurance coverage and benefits are not a guarantee of payment by your Insurance carrier. Non covered charges will be the responsibility of the patient and/or insured party.

I accept the assignment of benefits and I hereby authorize the release of pertinent medical information to Medicare and/or other insurance carriers. I also authorize my Medicare or other insurance benefits to be paid directly to the physician. I understand that I am financially responsible for all co-pays, deductibles, and coinsurance amounts not covered by Medicare or other insurance carriers. Payment is due at the time services are rendered, unless payment arrangements have been approved in advance by our staff. On delinquent accounts, the undersigned agrees to pay all costs of collection, including an attorney's fee of 33 1/3% of the outstanding balance.

Patient Signature: _____ Date: _____