

Eye Associates, PLLC
Devin A. King, M.D.

To Our Patients: Eye Associates, PLLC / Devin A. King, M.D. accept assignment as a participating provider in the Medicare Program. We will file claims to your primary and secondary insurance for you, if you provide us with the information.

Patient Authorization:

1. **Release of information:** I hereby give my consent to Eye Associates, PLLC/ Devin A. King, M.D., to release any information regarding my care and treatment as may be required by any insurance carrier in connection with payment by the insurance carrier of any portion of my bill.

_____initials

2. **Notice of Privacy Practices:** I understand that I have the right to review the notice of privacy practices, which describes how medical information about me may be used and disclosed. I acknowledge that I may review the notice at any time as it is posted to view at the front desk. I acknowledge that I may request a copy at any time.

_____initials

3. **Financial Policy:** I understand that I have the right to review the financial policy, which describes the office billing policies and refraction fee. I acknowledge that I may review the notice at any time as it is posted to view at the front desk. I acknowledge that I may request a copy at any time.

_____initials

4. **Responsibility for Payment/ Patient Agreement:** I understand that the physician practicing under the name of Eye Associates, PLLC /Devin A. King, M.D. will bill my ***medical*** insurance as a specialist physician. I understand that I am responsible for the co-pay listed on the insurance card and understand that the payment is due at the time of service. I also understand that I am responsible for any remaining coinsurance and/or deductible amounts left to my responsibility after the insurance company has been billed.

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5. **Assignment of Benefits:** I hereby authorize payment to be rendered directly to Eye Associates, PLLC / Devin A. King, M.D. for exams, treatment, testing, or surgery performed by Devin A. King, M.D.

Patient, Guardian, or MPOA signature

Date