



6901 Dixie Highway Florence, KY 41042
PHONE (859) 525-1800 FAX (859) 525-1951
www.metzger eyecare.com

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

MEC ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICY & INSURANCE CLAIMS

I acknowledge that I have been offered the PRIVACY PRACTICES NOTICE. (Available in our office.)

I acknowledge that I am responsible for paying all charges incurred through visits to this office, even if the insurance should deny payment of claim. Further, I understand that I am responsible for knowing what insurance coverage I have and will not hold MEC responsible for this information. We strive to give you accurate information by acting as a liaison between insurance companies and our patients. We make every attempt to verify coverage. However, information about eligibility is not a guarantee that benefits will be paid.

Our office makes every attempt to provide quality eye care. This requires that your eyes be dilated. Please be aware that your eyes being dilated will impair your ability to read for several hours and may interfere with driving in some instances.

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits to myself or to the party who accepts assignment below.

I hereby authorize payment of medical benefits to the undersigned physician or supplier for services described.

Patient or personal Representative's Signature

If personal representative's signature above please describe personal representative's relationship to the patient

PATIENT RECORD OF DISCLOSURES

I, \_\_\_\_\_ give my permission to discuss my PHI with the following person(s):

Table with 2 columns: NAME, RELATIONSHIP. Rows 1, 2, 3.

I wish to be contacted in the following manner (check all that apply):

Home Telephone [ ]
Cell Phone [ ]
OK to leave a detailed message.
Leave just a call back number.

Work Telephone [ ]
OK to leave a detailed message.
Leave just a call back number.

Written Communication [ ]
OK to mail medical info to home address.

Email Address [ ]
OK to include medical info & appts.
Include name/number for patient to call.

\*If any of this information were to change it is your responsibility to inform MEC of these changes as soon as possible.