



Lifetime Insurance Assignment and Authorization Form

Ullman Eye Consultants is pleased to file insurance for our patients. To correctly process your insurance claims, the patient or responsible party is responsible for providing, at the time of service, the most current address, phone number and insurance information.

I authorize payment directly to Ullman Eye Consultants of benefits otherwise payable to me by my insurance company(ies). I do hereby assign, set over and transfer to Ullman Eye Consultants my right to proceeds from any insurance company who is or may be liable at any time for all or part of my charges on this account to the extent necessary to pay such charges in full. If my insurance does not pay Ullman Eye Consultants directly, I agree to pay Ullman Eye Consultants amounts equal to all health insurance benefits which I receive for medical care provided at the Ullman Eye Consultants immediately upon receipt of such payments.

I authorize Ullman Eye Consultants. to release to my insurance carrier(s) or it representative any information needed from my medical records concerning the examination or treatment rendered to me that is necessary to process insurance claims.

_____	_____	_____
Patient Name	Signature*	Date
*If patient is under 18 and unmarried, parent/guardian must sign below.		

_____	_____	_____
Parent/Guardian	Signature	Date

Statement of Financial Responsibility

I acknowledge I am responsible for all charges for Ullman Eye Consultants services provided to me, whether incurred in the past or future, including any amount not paid and/or not covered by my insurance or other third-party payors, excluding contractual insurance adjustments. I understand that Ullman Eye Consultants will not accept responsibility for collecting insurance or negotiating the settlement of a disputed insurance claim. I agree to pay the charges for care provided to the patient by Ullman Eye Consultants within sixty (60) days of the date of the first date of the first monthly bill. Any account not paid in full within sixty (60) days of the date of the first monthly bill is considered delinquent. Should collection action become necessary, I agree to pay reasonable attorney's fees, expenses and court costs incurred by Ullman Eye Consultants

I have read and understand the terms stated above. These terms and conditions constitute my complete agreement and may be modified only by written agreement signed by an authorized official of Ullman Eye Consultants. I acknowledge receipt of a copy of this agreement.

_____	_____	_____
Account Responsible Party	Signature	Date