

Patient Financial Responsibility

I understand that:

1. A verification of benefits is NOT a guarantee of payment per my vision and/or medical insurance carrier. I understand I am responsible for all balances, copays, deductibles, etc. not paid or covered by insurance.
2. I understand that under the No Surprise Act of 2022 that:
The No Surprises Act protects people covered under group and individual health plans from receiving surprise medical bills when they receive most emergency services, non-emergency services from out-of-network providers at in-network facilities, and services from out-of-network air ambulance service providers. It also establishes an independent dispute resolution process for payment disputes between plans and providers, and provides new dispute resolution opportunities for uninsured and self-pay individuals when they receive a medical bill that is substantially greater than the good faith estimate they get from the provider.
3. By accepting verbally or in writing any testing not covered by medical insurance today such as the IWellness package, Optos digital imaging or any other service or test known to NOT be covered partially or in full by insurance, you accept full financial responsibility and agree that you were dually informed of the costs associated with each test and fee prior to service.
4. You give permission to Central Kentucky Eyecare to release any information required by your vision or medical insurance so payment can be received by your provider for reimbursement of services and materials provided. Information release is still governed by HIPAA and any special requests may require an additional release form.

Patient signature: _____ Date: _____
(Parent or Guardian if Minor)