

# **McNeel Eye Center**

Brian McNeel O.D., F.A.A.O.  
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Boise, ID 83713  
208-938-2010  
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www.mcneeyecenter.com

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

## **INSURANCE BILLING**

Our policy is payment at the time of service unless other arrangements have been made in advance. Your insurance policy is a contract between you and your carrier. However, for your convenience, we will submit your claim to your primary insurance company. If the insurance company forwards payment to our office, you will be reimbursed for overpayment.

## **MEDICARE AUTHORIZATION**

This office participates with Medicare, therefore we bill Medicare directly. Medicare pays what they call "usual and customary" fees. That is, they only pay a portion of our fee depending on available funds and their own fee schedule. Medicare does not cover the refraction portion of your annual eye examination. The balance between a Medicare payment and our bill is the patient's responsibility.

I authorize the holder of my medical information to release to the Health Care Financing Administration, and its agents, any information needed to determine these benefits.

## **INSURANCE AUTHORIZATION AND ASSIGNMENT**

I authorize the McNeel Eye Center to release any information needed to my insurance carrier to determine benefits payable for related services. I hereby assign to McNeel Eye Center all payments for medical services rendered to me and/or my dependents.

## **RETURNED CHECK POLICY**

Our policy is payment at the time of service unless other arrangements have been made in advance. There will be a \$35.00 fee for all returned insufficient fund checks and payments.

**X** \_\_\_\_\_  
Signature of Patient Date

