

All professional services rendered by Doctor Pavano & Associates/Your Eyes of New Britain are charged to the patient. Necessary forms will be completed to expedite insurance carrier payments, with the understanding that the patient is ultimately responsible for all fees. It is customary to pay for services when rendered.

**INSURANCE AUTHORIZATION AND ASSIGNMENT
(PLEASE READ AND SIGN)**

I hereby authorize the release of any medical information necessary to process insurance claims or any medical information that is needed for any utilization review or quality assurance activities. I hereby assign to the physician all the payments for medical services rendered to myself or my dependents. I understand that I am responsible for any amount not covered by insurance. I agree to pay any balance due in full no later than 30 days of statement, unless other arrangements have been made in advance.

Signature

Date

FINANCIAL POLICY AND PATIENT FINANCIAL RESPONSIBILITY

I. Patient Responsibility

You, as the patient, are ultimately responsible for all fees. We do accept insurance assignment and will file your insurance claim for you; however, you are still responsible for all co-payments or balances as required by your specific insurance plan. You are required to bring your insurance card to each visit. Your appointment will be rescheduled if your insurance card is not available. If your insurance plan requires a referral, this must be obtained from your primary care physician prior to coming in to the office. It is your responsibility to obtain this referral. All co-payments and co-insurance are due at the time of service. All patients under 18 years of age must be accompanied by an adult who is responsible for any necessary co-payments, co-insurance, and deductibles.

II. Acceptable Methods of Payment:

We accept cash, check, or credit card (Visa, MasterCard, American Express, Discover).

Signature

Date
