NEW YORK MEDICAL & SURGICAL
EYE CARE

110 East 40th St., Suite 404
New York, NY 10016
Telephone: (212) 242-2200
Fax: (212) 242-3003
Email: info@nyeyecare.com

PATIENT ACKNOWLEDGMENT & FINANCIAL RESPONSIBILITY

RESPONSIBLE PARTY/ GUARANTOR INFORMATION

Person Responsible To Pay Bills:_____

If Responsible Party/Guarantor is anyone other than patient, please provide the following information:

Address:_____

Date of Birth: _____

Social Security Number: _____

Home Telephone Number: _____

Cell Phone Number: _____

Email: _____

Occupation:_____

Employer Name: _____

Employer Address: _____

Work Phone Number: _____

PATIENT ACKNOWLEDGMENT & FINANCIAL RESPONSIBILITY

The information provided by me in the Patient Registration Form is accurate and true to the best of my knowledge._____**(INITIAL)**

I understand that I need to present my insurance card and a form of identification to all my visits with New York Medical & Surgical Eye Care. It is my responsibility to notify the office staff regarding any insurance coverage and participation changes. _____**(INITIAL)**

I have received **The Notice of Privacy Practices** and have had an opportunity to review it and obtain a copy from the office or New York Medical & Surgical Eye Care's website for my records._____ **(INITIAL)**

Assignment of Benefits: I hereby assign medical and/or surgical benefits, to which I am entitled, including Medicare, private insurance and any other health and/or vision plan to New York Medical & Surgical Eye Care. A photocopy of this assignment is to be considered as valid as original. I hereby authorize New York Medical & Surgical Eye Care to release all information necessary to secure the payment._____**(INITIAL)**

Financial Responsibility: I understand that **I am financially responsible for all uncovered services that my insurance or New York Medical & Surgical Eye Care determines is my responsibility** (Refraction, Prescription Glasses, Deductibles, Co-insurance, Copays, etc.)._____**(INITIAL)**

Patient Name: _____

Patient Signature: _____

Date: _____

Guarantor Name: _____

Guarantor Signature: _____

Date: _____