

Butler Eye Care, Inc
297 Evans City Road
Butler PA 16001

Name of Subscriber (As it Appears on card) _____

Subscriber's Insurance ID#(May be Social security #) _____

Subscriber's Date of Birth: _____

Person(s) we may discuss your patient records and/or financial information:

Names: _____ Phone Number: _____

Emergency contact person:

Names: _____ Phone Number _____

IF YES PLEASE CHECK

- I HAVE BEEN MADE AWARE OF THE **NOTICE OF PRIVACY PRACTICE (HIPAA)** THAT BUTLER EYE CARE, INC. IS REQUIRED TO TAKE CERTAIN MEASURES TO MAINTAIN THE SECURITY OF THESE RECORDS, CERTAIN LIMITS AND PROTECTIONS, FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS ACTIVITIES.
- I AUTHORIZE TO RECEIVE TREATMENT FOR SERVICES FROM BUTLER EYE CARE, IN. AS WELL AS THEIR DOCTORS ON STAFF.
- MAY WE LEAVE TELEPHONE MESSAGES THAT YOUR EYEGLASSES ARE READY / CONCERNING SERVICES RECIEVES?
- I AUTHORIZED BUTLER EYE CARE, IN. OR MY INSURANCE COMPANY TO RELEASE ANY INFORMATION REQUIRED PROCESSING MY CLAIMS.

I understand and personally guarantee the payment of the balance of services and materials not covered by my insurance carrier. The details of the financial transaction have been explained to me by the employee(s) of Butler Eye Care, Inc. Upon submission to the insurance carrier I will be notified of my financial obligation to the remaining portion of the unpaid balance and promise to pay this balance within ninety- (90) days after being notified. Furthermore, I agree to pay all reasonable cost that may be necessary to collect delinquent and unpaid balances past the ninety- (90) days. I understand and have been made aware of Butler Eye Care, Inc. reserves the right to use a collection agency to recover the unpaid costs.

I

_____ Date _____

(Signature)

PAYMENT TERMS AND CONDITIONS

1. When ordering lens, frames, and contacts one-half (1/2) of the total cost is required when an order is placed.
2. One Half of the total cost of phone-in orders must be received by Butler Eye Care, Inc. before any order will be placed.
3. Butler Eye Care, Inc. accepts cash, credit cards transactions and personal checks. There is a \$30.00 fee for any NSF checks
4. Butler Eye Care, Inc. has a 1% service charge for all statements that are 30 days past due and will be added for each 30 day period.