GLAUCOMA CENTER OF TEXAS

PATIENT FINANCIAL AGREEMENT

☐ INSURANCE ASSIGNMENT AND PATIENT RESPONSIBILITY

The person signing below agrees, whether he/she signs as patient or representative of the patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the Glaucoma Center of Texas at the regular rates and terms of Glaucoma Center of Texas. Should the account be referred to an attorney for collection, the person signing below shall pay reasonable attorney's fees and collection expenses.

"I assign payment for the unpaid charges for certain medical treatment and/or supplies furnished by the physicians and staff of Glaucoma Center of Texas for whom Glaucoma Center of Texas is authorized to bill. I understand that I am responsible for any health insurance deductibles, coinsurance and non-covered services at the time services are rendered."

☐ MEDICARE AND/OR MEDICAID CERTIFICATION

The person signing below certifies that he/she has read this document, and is the patient, or is duly authorized by the patient as the patient's representative, to execute the above and accepts its terms.

"I certify that the information given by me in applying for payment under Title XVIII and/or Title XIX of the Social Security Administration is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries any information needed, for this or related Medicare claims. I request that payment of authorized benefits be made on my behalf."

ASSIGNMENT OF BENEFITS:

In consideration of services rendered, I hereby assign to Glaucoma Center of Texas, and/or any physician who has treated me, all rights, title, and interest in any payment due for services described herein as provided in the policy, or policies, of insurance. I agree to pay any balance due, including coinsurance and co-payment amounts, not paid by the insurance company or companies.

Relationship to Patient: ☐ **Self** ☐ **Child** ☐ **Dependent** ☐ **Other** _____

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name of Witness	Signature of Witness	Date