

# Assignment of Benefits/ HIPAA Form

## Financial Responsibility

All professional services rendered are charged to the patient and are due at the time of service, unless other arrangements have been made in advance with our business office. Necessary forms will be completed to file for insurance carrier payments. We attempt to verify that your coverage is valid at the time of your visit. However, if your coverage is not in effect at the time of your visit, the financial responsibility for payment of your fee remains with you. **Co-payments, co-insurances and deductibles are your responsibility. You are expected to pay at the time of service.** The deductible is determined by your individual contract with your insurance carrier. Your insurance carrier may apply a “surgical” deductible to minor procedures. **Deductibles cannot be waived or reduced.** It is your responsibility to be aware of your insurance coverage, policy provisions, exclusions and limitations, as well as authorization/referral requirements. **Many insurance carriers require pre-authorization and/or referral for each visit with us. You are responsible for obtaining these referrals.**

## Assignment of Benefits

I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other health/medical plan, to issue payment check(s) directly to Dr. Mitchell Seidman/ Dr. Carly Seidman for medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance. I understand if my insurance company denies payment for today’s visit I will be responsible for payment for all services provided.

## Authorization to Release Information

I hereby authorize Dr. Mitchell Seidman/ Dr. Carly Seidman to: (1) release any information necessary to insurance carriers regarding my illness and treatments; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing. I have requested medical services from Dr. Mitchell Seidman/ Dr. Carly Seidman on behalf of myself and/or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized. I further understand that fees are due and payable on the date that services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original.

## Patient Web Portal

The Patient Portal is a HIPAA secure, Web-based, self-service Portal that provides online interaction between patients and the practice. **You’ll have direct access anytime to your medical records, appointments, prescription refills, and eyeglass prescriptions, send us direct messages, make payments and more. By providing your e-mail you are consenting to register for access to your personal patient web portal. Please see your e-mail for login information.**

## Consent to Obtain External Prescription History

I authorize Dr. Mitchell Seidman/ Dr. Carly Seidman to view my external prescription history via the RxHub service. I understand that prescription history from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewable by my provider and staff here, and it may include prescriptions back in time for several years.

## Information Regarding Dilating Eye Drops

Dilating drops are used to dilate or enlarge the pupils of the eye to allow the ophthalmologist to get a better view of the inside of your eye. Dilating drops frequently blur vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for your ophthalmologist to predict how much your vision will be affected. Because driving may be difficult immediately after an examination, it’s best if you make arrangements not to drive yourself. Adverse reaction, such as acute angle-closure glaucoma, may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention.

I hereby authorize Dr. Mitchell Seidman and Dr. Carly Seidman to administer dilating eye drops, if necessary.

MY SIGNATURE CERTIFIES THAT I READ AND UNDERSTOOD THE SCOPE  
OF MY CONSENT AND THAT I AUTHORIZE THE ABOVE.

\_\_\_\_\_  
Patient/Responsible Party **SIGNATURE**

\_\_\_\_\_  
**PRINT Name**

\_\_\_\_\_  
Date