

**HIPAA Compliance Acknowledgment of Receipt & Signature on File**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

**I acknowledge that I been shown and offered a copy of Optom Eye Care LLC  
D.B.A. Great Lakes Optometry,  
Notice of Privacy Practices.**

Pt Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature on File for Optom Eye Care LLC  
D.B.A. Great Lakes Optometry**

I authorize Optom Eye Care LLC D.B.A. Great Lakes Optometry to use my name and release any information on any claims or documentation that relates to health insurance benefits due me and my dependents.

In order to control billing costs, we ask all balances to be paid within 90 days of receiving an invoice. There may be collection fees if an invoice is due past 90 days. There is a service charge for returned checks of \$25. I understand that all benefits quoted to me are not a guarantee of payment by my insurance company and final determination can only be made when the claim is processed. There are no refunds on any custom-made orders including eyeglasses.

**I Agree to the Signature on File for Optom Eye Care LLC  
D.B.A. Great Lakes Optometry:**

Pt Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Medicare Beneficiary Notice**

For your convenience, our office bills Medicare for your office visits and tests. Medicare reviews claims, and if approved reimburses 80% of the billed amount. The remaining 20% (the co-payment) is your responsibility. Medicare has a yearly deductible that takes effect each January. Medicare does not pay for refractive services. This is the part of the exam that determine your glasses prescription. Your portion for this test is \$40.00. Medicare does not cover glasses or contacts unless you have had cataract surgery. We do not bill Medicare for these services; however, we may have discounts available for glasses after cataract surgery. By signing below, I understand that I am responsible for the above mentioned non-covered service(s) and agree to receive the service.

Pt Signature: \_\_\_\_\_

Date: \_\_\_\_\_