

CONNECTICUT EYE PHYSICIANS, P.C.

Thomas J. Beggins, M.D.
Anthony L. Salierno, M.D.

Fees, Payments and Insurance Coverage

As the beneficiary/guarantor, you are responsible for all service charges. Please pay the fee at the time of your visit, unless previous arrangements have been made. Patients are responsible for the non-insured portion of the fee at the time of each visit. IN the event of lengthy delay or non-payment of an insurance carrier, the patient is still responsible for the expense incurred. In the case of divorced parents, the parent bringing the child is responsible for the payment at the time of the visit,

It is your responsibility to understand your insurance policy and be clear about all of its provisions. Our office will be glad to help you in any way we can.

I hereby authorize and direct payment to Connecticut Eye Physicians for medical and/or surgical benefits, if any, otherwise payable to me under terms of my insurance.

I hereby authorize any physicians, hospital or medical facility to provide all information on my medical history and treatment to Connecticut Eye Physicians. I hereby authorize photocopies of this form to be valid as the original.

I hereby authorize Connecticut Eye Physicians to release any information to my insurance carrier acquires in the course of my examination or treatment.

Authorization to release information to insurance and to pay benefits to physician :

Signature:

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