

University Eye Specialists

676 North St. Clair, Suite 1500
Chicago, IL 60611
P: (312)475-1000

1535 Lake Cook Rd., Suite 305
Northbrook, IL 60062
P: (847)562-4330

Insurance Authorization

I request that payment of authorized Insurance benefits be made on my behalf to University Eye Specialists for any services furnished to me from any of the physicians. I authorize the holder of medical information about me to release to the Centers for Medicare and Medicaid Services (formally known as Health Care Financing Administration) and its agents any information needed to determine these benefits payable for related services.

Signature _____ **Date** _____

Notice of Privacy Practices Patient Acknowledgement

I have received and understand University Eye Specialists (UES) Notice of Privacy Practices written in plain language. The notice provides in detail the use and disclosure(s) of my protected health information, how I may exercise these rights, and UES's legal duties with respects to my information.

Signature _____ **Date** _____

**Please indicate relationship to patient if signed by a personal representative of patient

Refraction Notice

The measurement of lenses for glasses (a refraction) is a separate part of your medical eye care exam. **It is not a covered benefit** by the majority of insurance companies (including Medicare and most insurance companies).

The \$50.00 charge for the refraction, should you receive it, is your responsibility and is payable at the time of service.

I have read and understand this policy.

Signature _____ **Date** _____