



CENTERVILLE FAMILY EYE CARE

Jeff L. Chandler, O.D.

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125 E. Franklin Street
Centerville, OH 45459

phone: 937.435.8605
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Permission to Share Medical Information

I give Centerville Family Eye Care permission to share any of my medical information with:

Name & Relation

Name & Relation

Signed

date

Centerville Family Eye Care Office Policies

___ It is my responsibility to know my insurance carrier and coverage. There is no guarantee that my insurance carrier will pay for my services. If my claim is denied, I understand that I am responsible for the balance.

___ We will gladly submit a claim for your primary insurance. We do not bill secondary insurance policies. We will provide you with a copy of your receipt when the balance is paid in full. You can submit this receipt for reimbursement from your secondary insurance.

___ We will file with the insurance company you have listed on your questionnaire, if you failed to list an insurance, we cannot go back and file with an insurance after you have checked out.

___ Payment for co-pays or any contact lens services are due at the time of service.

___ When ordering glasses or contacts, we require at least half down for the order to be placed. The remaining balance is due at the time of pick up.

___ Any outstanding balances over 30 days will have a 2% per month service charge.

Signed

Date