Korrect Optical

Seth J. Summers, O.D., PSC
Ryan M. Alpino, O. D., PLLC

Today's Date: _____

Patient Financial Responsibility and Assignment of Benefits

1. <u>Financial Responsibility:</u> I agree to pay **Korrect Optical & the Doctors (Providers)** and its assigns, for any and all services rendered or expenses incurred as the responsible person on this account. I understand that bills are payable in full upon the rendering of treatment, however, Providers will bill any applicable insurance as a courtesy. I assign Providers all benefits due me for services rendered and expenses incurred under any applicable policy of insurance. I understand that I am financially responsible to Providers for all charges and services not covered by this assignment, and promise to pay any remaining balance.

2. <u>Collection Policy:</u> An account is considered delinquent when insurance has not paid within 30-45 days after Providers billing, or if payment in full has not been received within 30 days of the final insurance payment. Delinquent accounts will be assessed penalties and interest at the annual rate of 12%, and may be turned over to a collection agency. I further agree that in the event legal action is required in order to enforce payment on this account, I will pay all court costs, expenses, attorney's fees and other costs incurred and/or expended as a result of such proceeding.

3. <u>Continuing Services:</u> I understand that Providers may create a separate account for each time services or expenses are incurred on this account. I acknowledge and agree that the terms and conditions in this Financial Responsibility and Assignment of Benefits as outlined above shall be effective for continuing and additional services incurred after execution of this form.

Policyholder is defined as the employee who subscribes to the insurance plan through their employer.

_____
Patient Name

_____
Policy Holder (employee)

_____
Patient Signature

_____
Policy Holder Address (if different)

_____
Parent or Legal Guardian Signature

_____
Place of Employment

❑ Self   ❑ Spouse   ❑ Child