South Tampa Eyecare **Dr. Matthew D. Helsing, Optometric Physician**

1108-C S. Dale Mabry Hwy visionsource-southtampa.com Phone: (813) 286-0433
Tampa, FL 33629 Fax: (813) 286-0498

Financial Policies

ALL Patients – Agreement to pay

I agree to promptly pay all applicable charges for myself and for members of my family upon presentation of a bill. If I am enrolled in insurance, I understand that all of my medical costs may not be covered. I agree to be personally responsible for any balance not paid by the insurer.

_____ _____

Patient Signature ***Date***

Patients with Insurance

Insurance Billing – Authorization of benefits and release of records

This office may file a claim on my behalf with my insurance company. The insurance company will respond with an Explanation of Benefits detailing their allowed coverage of billed charges. I understand that my insurance carrier may deny payment for many reasons (e.g. deductibles, co-payments, non-covered services, etc.) In that event, I agree to pay for any remaining balance on any medical services I received from this office.

I request that payments of authorized insurance benefits be made to South Tampa Eyecare, Matthew Helsing, O.D. for such medical services. I authorize any holder of medical information about me to release such information to my insurer as needed to determine allowable benefits.

_____ _____

Patient Signature ***Date***

Please initial each item

_____ I understand that it is my responsibility to make certain that this office is a participating provider for my policy.

_____ I understand that any co-payment must be made on the same day service is provided.

_____ I understand that I must keep this office informed of any changes in my insurance and will provide them with any new insurance information.

_____In the event that I have an outstanding balance for any reason, I understand that the balance must be paid before any services are provided.