

FINANCIAL POLICY SELF-PAY ELECTIVE PROCEDURES

As stated in the Consumer Protection Act, Inland Eye Specialists would like to inform you of our policies concerning the financial responsibilities you incur as a result of the treatment we provide to you and your family.

1. All patients receiving elective medical procedure(s) are required to pay in advance no later than the day of the scheduled procedure. In addition, any and all unpaid account balances must also be brought current prior to receiving any further elective medical care.
2. Please provide at least 24 hours-notice if you are unable to keep your scheduled appointment to avoid a \$35 no-show fee.
3. There will be a \$35 charge on all returned checks.

RELEASES

- I understand and agree that I am responsible for all non-covered, non-authorized, and/or non-eligible charges pertaining to my medical care regardless of my insurance status. I have read the Financial Policy above and completed the patient information form. This information is true and correct to the best of my knowledge. I will notify you of any changes.
- I hereby authorize Inland Eye Specialists to release any information requested by an admitting hospital and/or referring physicians on my behalf or minor/dependent.
- I hereby agree to render payment in full for all medical services rendered to me and my family to Inland Eye Specialists.

Signed: \_\_\_\_\_  
\_\_\_\_\_

Date:

(To be signed by patient or adult responsible for payment if patient is less than 18 years old)

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Hemet	Murrieta	Temecula	Fallbrook	Laser Center
3953 W. Stetson Ave Hemet, CA 92545 (951) 652-4343	25395 Hancock Ave. Suite 100 Murrieta, CA 92562 (951) 696-5388	31950 Temecula Parkway Suite B7 Temecula, CA 92592 (951) 303-0575	521 E Elder Street Suite 102 Fallbrook, CA 92028 (760) 728-5728	25460 Medical Center Dr. Suite 103 Murrieta, CA 92562 (951) 698-4575
David S McCleary, O.D., Privacy Officer Mark Nilsen, Security Officer	John J McDiarmid, O.D., Privacy Officer Mark Nilsen, Security Officer	Brett R. Larson, O.D. FAAO, Privacy Officer Mark Nilsen, Security Officer	J Grant Tew, M.D., Privacy Officer Mark Nilsen, Security Officer	Jonathan M Geller, O.D., Privacy Officer Mark Nilsen, Security Officer

I hereby acknowledge that a copy of Inland Eye Specialists' Notice of Privacy Practices will be posted in the reception area and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment. A copy of our most current Notice of Privacy Practices can be viewed on our website at [www.inlandeyespecialists.com](http://www.inlandeyespecialists.com)

Signed: \_\_\_\_\_  
\_\_\_\_\_

Date:

Print Name: \_\_\_\_\_  
\_\_\_\_\_

Telephone:

If not signed by patient, please indicate relationship below.

- \_\_\_\_\_ Parent or guardian of minor patient
- \_\_\_\_\_ Guardian or conservator of an incompetent patient
- \_\_\_\_\_ Beneficiary or personal representative of deceased patient

Name of Patient: \_\_\_\_\_

I AUTHORIZE THAT THE ABOVE INFORMATION BE RELEASED TO THE FOLLOWING:

Please check all that apply:  Family Member(s)  Insurance Company  Doctor(s)  Lawyer(s)  Other

In the space provided, please list the name(s) and relationship of the person(s) authorized to receive this information.

1. Name \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name \_\_\_\_\_  
Relationship \_\_\_\_\_

3. Name \_\_\_\_\_  
Relationship \_\_\_\_\_

Thank You!