

CONSENT FOR TREATMENT

Dr. Chevalier is here by authorized to render services, medication and treatment as necessary. I assume full financial responsibility for any bills incurred. Dr. Chevalier is a participating Medicare provider.

INSURANCE RELEASE

I authorize the release of medical information containing my medical records to family physicians and or insurance companies. A photocopy of this authorization shall be as valid as the original. I assume responsibility for any balance above insurance.

LATE / NO SHOW POLICY

It is in the policy of Family Eyecare & Contact Lens Center, LLC that if a patient misses more than three (3) appointments in 1 year without calling to cancel, they will be made walk-in only. A patient is considered "LATE" if they are more than 15 minutes late for their scheduled appointment. It is at the discretion of the provider as to whether the patient can still be seen as they will need to reschedule.

PAYMENT FOR SERVICES IS EXPECTED AT THE TIME SERVICES ARE RENDERED. ARRANGEMENTS SHOULD BE MADE FOR EXCEPTIONS. ANY ACCOUNT WITH A BALANCE OVER 90 DAYS WILL BE SENT TO COLLECTIONS UNLESS ARANGEMENTS HAVE BEEN MADE.

Signature: _____

Date: _____