

Oakland Vision Center Doctor's Office
350 Ramapo Valley Rd, Oakland, NJ 07436
201-651-1212 Fax 201-644-8803

Dear Patient:

Unfortunately, Several Insurance companies have begun denying legitimate claims for professional services for reasons that are unsupported. Expenses associated with collecting these insurance payments increase without consideration what affect these delay tactics have on our medical practice. Your insurance company and our office may require your signed statement(below) to support our collection efforts. Please use this opportunity to ask questions to our staff regarding this and related issues. Thank you.

Managed Care Statement of Patients Responsibility

Authorization to Furnish Information

I authorize The Oakland Vision Center Doctor's Office to furnish information to insurance carriers, referring physicians or legal guardians (for minors) concerning my eye condition(s) and treatments, or information needed for this or related claims, or associated with my insurance company's Quality Assurance Program.

Referral Responsibility

If my insurance company expects me to obtain a referral or pre-authorization for this visit, I understand I must present this upon office check-in and registration. If later my insurance company determines that I am required a referral for payment of services and one was not provided, I will be responsible for the customary physician charges for this and related visits.

"Not a Covered Service" Acknowledgement

I acknowledge that I am responsible for determining my insurance company's coverage of services provided by the Oakland Vision Center Doctor's Office. If my insurance company determines that this visit is "not a covered service" or down-codes a valid claim to pay a lower amount, I will be responsible for this additional amount.

Payment of Copays

If my insurance company expects a co-payment to The Oakland Vision Center Doctor's Office for each visit, I will make this payment upon registration for any visit related to my health care. This includes follow-up visits for eye problems, or discussions of questions regarding my medical or vision condition.

Payment after 60 Days

If my insurance company delays payment of the claim for professional services beyond 60 days (2 Months) from initial physician submission of claim, I will be responsible for payment of the customary physician charges for the physician visit. Any subsequent payment by my insurance company for this service will be appropriately refunded by The Oakland Vision Center Doctor's Office.

Signature _____ Date _____