

SIGNATURE ON FILE FORM

Signature on File, Financial Agreement

1. **FINANCIAL AGREEMENT:** I agree that in return for the services provided to the patient by Focus on Kids Optometry, I will pay my account at the time service is rendered or will make financial arrangements satisfactory to the practice for payment. I understand that payment for contact lenses is due at the time of order and the payment is non-refundable. If an account is sent to an attorney for collection, I agree to pay collection expenses and reasonable attorney's fees as established by the court and not by a jury in any court action. I understand and agree that if my account is delinquent, I may be charged interest at the legal rate and any collections and/or legal fees up to 50% are also my responsibility.

How We Communicate With You:

Additionally, I authorize and agree that the practice may communicate with me by phone, email, and or text message for issues related to my care, such as to: service my account, confirm billing information, collect amounts due, provide appointment reminders, and provide contact lens and eyeglass prescriptions.

I understand that I can opt out of receiving communication through phone, email, and/or text by notifying this office. I also understand that I am not required to grant consent as a condition of buying goods or services and standard message and data rates may apply.

2. **RELEASE OF INFORMATION:** Focus on Kids Optometry may disclose all or any part of my medical record and or financial ledger, including information regarding alcohol or drug abuse, psychiatric illness, communicable disease, or HIV, to any person or corporation (1) which is or may be liable or under contract to the practice for reimbursement for services rendered, and (2) any health care provider for continued patient care. The practice may also disclose on an anonymous basis any information concerning my case, which is necessary or appropriate for the advancement of medical science, medical education, medical research, for the collection of statistical data or pursuant to State or Federal law, statute, or regulation. A copy of this authorization may be used in place of the original.

Beneficiary Signature or Authorized Party

Date

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Focus on Kids Optometry Notice of Privacy Practices.

Patient Name _____

Date _____

Signature _____