<u>LensCrafters Agreement</u>

With my signature below or E - Signature, I give Luxottica (Lenscrafters and its affiliates), a separate entity from the doctor's office above, permission to access my current appointments with Dr. Snipes, OD. **As part of the recall program, the information might be used/ disclosed for the following purposes:**

a. For the purpose of providing LensCrafters coupons and service product information either from this office or directly from LensCrafters; and
b. To compare contact lists with LensCrafters to help avoid duplicate contacts related to eye exam scheduling within similar time frames.

Patient (Legal Guardian):____

<u>Patient Responsibility Agreement</u>

I have been informed that if for any reason my insurance company does not cover in full, or is an out-of-network coverage plan with the doctors in this practice (Dr. Snipes and Associates), that I, _____________________, will be responsible for any/all balance due at the time of service, including, but not limited mailed payment collection forms. I am aware that once I have received notifications, I have 30 days to pay the balance in full, or it will be turned over to a collection agency, following the payment grace period.
In addition to our weekend and evening hours, we, at Dr. Snipes, OD et al., are not held responsible for lack of verification of insurance coverage. All patients whose insurance cannot be verified during this time frame, will be asked to pay in full amount due for services rendered. Dr. Snipes, OD et al., is able to provide you with any information we have, to allow you to file independently with your personal insurance agency.

Patient or (Legal Guardian):____

<u>Medicare Patients only / Addendum to the Patient Responsibility Agreement</u>

For all **<u>Medicare patients</u>**, we would like to inform you that the patient is responsible for any services that Medicare and supplemental plans do not cover. Patients who have Medicare may elect to not receive uncovered procedures, against the doctor's recommendation.