

Insurance Release Form

Please print clearly.

RELEASING MEDICAL INFORMATION

The law does not permit us to submit insurance claims containing medical information about you unless we have your signature on file for the following:

- ☐ I authorize the release of medical information to process insurance claims and that these claims be made payable to Dr. D. Mottola.

OBTAINING MEDICAL INFORMATION

The law does not permit us to obtain medical information relevant to your care unless we have your signature on file for the following:

- ☐ I authorize the release of medical information to Dr. D. Mottola.

PATIENT FINANCIAL LIABILITIES

- ☐ I agree and accept financial responsibility for claims denied by my insurance carrier when deemed "not medically necessary: ie; Refraction portion of the exam.

Patient/Guardian Signature

Date