Moore's Mill
EYECARE
2415 Moore's Mill Road, Suite 220 • Auburn, Alabama 36830
P: (334) 521-7944 • F: (334) 521-7277

## Acknowledgement of Receipt of Notice of Privacy Practices

**I, the patient, have received a copy of this office's Notice of Privacy Practices.**

## Financial Responsibility

**To our patients with medical and/or vision benefits:**
**We will be happy to file your insurance claim forms or take assignment on your medical/vision benefits as designated by the:**

**Plan(s) of which you state you are a member. We will do all we can to help you receive maximum benefits. However, in the event that the plan sponsor determines that you are not eligible for coverage at the time of service, or makes a determination that you are eligible for a reduced level of coverage, by signing this statement you hereby agree to be financially responsible for any and all charges incurred by you and not paid by the plan sponsor.**

## **No Checks Accepted**

Print Name:_____

Sign Name:_____

Date:_____

**notice of privacy practices is on following page**