

Anthony P. Giannotti O.D.

Optometric Physician

Lifetime Authorization of Insurance Benefits and Billing Information for all Patients

Welcome to the office of Dr. Giannotti. Because the insurance companies change their carriers, plans and benefits frequently, it is sometimes difficult for us to verify that your insurance carrier is one that we are contracted with at the time of your visit. We do attempt to confirm your insurance coverage, but it is not always possible to ascertain this information accurately at the time of your office visit. You are encouraged to verify your benefits and whether Dr. Giannotti is a contracted provider prior to your visit. Please be aware that we bill your insurance as a service to you. It is your responsibility to be up to date on your insurance policy and it's requirements, covered physicians, covered services, deductibles, and co-pay amounts. Regardless, you will be seen by our doctors, as we do not want to withhold services inappropriately. When you check in at the front desk, we will ask to make a copy of your insurance card for our records.

Making a copy of your insurance card does not confirm that you have coverage with us.

It is your responsibility to know whether Dr. Giannotti is a provider for your insurance company. If we provide services to you and we ARE NOT a contracted provider, your insurance company will notify us that you are liable for either all or a large part of your bill.

VSP PATIENTS; All co pays are due at the time of service. Overages on materials (glasses and contacts) are due when materials are ordered.

MEDICARE PATIENTS; I request that payment of authorized Medicare benefits be made on my behalf to Dr. Giannotti for any services furnished to me. I authorize the holder of medical information about me to be released to the center for Medicare & Medicaid Services (CMS) and it's agents if needed to determine these benefits or the benefits payable for related services. I further understand that Dr. Giannotti has agreed to accept the allowed charges determined by Medicare as the full charge. Medicare pays 80% of that charge and I understand that I am responsible for the balance of the charge, deductible, co-insurance and non-covered services. The carrier determines co-insurance and deductible. I understand that Medicare excludes all refractive services from their coverage, and I agree to be personally and fully responsible for the refractive portion of my exam. Medicare does not cover eyeglasses or medications in most cases. If other health insurance coverage is indicated (secondary insurance) my signature authorizes releasing of the information to that insurer or agency.

Over →

HMO/PRIOR AUTHORIZATIONS PATIENTS: I understand that I am ultimately responsible for authorizations for care/treatment to be provided by Dr. Giannotti. If for any reason a service is not authorized or is denied, I assume full responsibility for any and all charges, including co-payments and deductible.

PRIVATE PAY PATIENT: Payment for services rendered is expected at the time of service. If at any time in the future, you become insured with medical or vision insurance, please let us know and we will be happy to bill for you. A 50% deposit is required before materials are ordered (glasses and contacts) and the balance is due at dispensing.

By signing below, I request that payment of insurance benefits be made on my behalf to Dr. Giannotti for any services furnished me by their physicians/suppliers. I understand that my signature requests that payment be made and authorizes the release of any medical information necessary to ensure payment.

I have read the above information. I understand that all charges for services rendered are ultimately my responsibly. Should Dr. Giannotti not be a contracted provider, or if services are not a covered benefit under my plan, I am responsible for all charges related to the services provided me and will pay in full for such charges.

PATIENT (RESPONSIBLE PARTY) SIGNATURE

DATE