

Gulf Coast Vision
Jay Fuller, OD
2170 East Pass Road, Suite A
Gulfport, MS 39507

Authorization to Bill Insurance Assignment of Benefits: I request that payment of authorized Medicare, Medicaid, insurance, or health plan benefits be made on my behalf to Gulf Coast Vision, for any services furnished to me by or in Gulf Coast Vision. I authorize any holder of medical or other information about me to release to such payer or their agents any information needed to determine these benefits for related services. I agree that my insurance can be billed for Worker's Compensation visits that are determined not payable by Workman's Compensation. I agree to pay for any charges not covered by any third-party payer. I understand that medical insurance policies are an arrangement between an insurance carrier and me. I understand that charges for some services may be more than what some insurance companies choose to call "usual and customary" and that unless I am covered by and in compliance with a health plan with which Gulf Coast Vision has a participation agreement to provide covered services, I am responsible for all charges applied to my account. In the event that a minor patient is presented by someone other than the responsible party, the person who brought the minor will be accountable for charges incurred (except those covered by insurances).

Signature of
Patient/Other: _____ Date: _____
Print Name: _____ Relationship to Patient: _____