



HILLSBORO EYE CLINIC, P.C.

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*Physicians & Surgeons
Limited to the Eye*

PATIENT'S RESPONSIBILITY FOR PAYMENT

As a courtesy and service to our patients, Hillsboro Eye Clinic, P.C., will submit charges for medical treatment to your insurance company. However, the patient (or guarantor) is responsible for paying any and all medical expenses incurred at the clinic. If you have a question regarding a claim or coverage, please contact your insurance company.

If you participate in a HMO or PPO that requires co-payment, you must pay the co-payment at the time of the appointment. Referrals are your responsibility.

If you are involved in a motor vehicle or liability accident, you are responsible for paying all medical costs even if there is a pending lawsuit.

I understand Medicare will not cover the refraction fee done today by the doctor's at Hillsboro Eye Clinic, P.C..

CONTRACTUAL AGREEMENT TO PAY MEDICAL EXPENSES

I understand that I am personally responsible for all medical expenses incurred at Hillsboro Eye Clinic, P.C., which are not covered by my insurance company. I agree to pay all medical expenses within 30 days of the date I am billed for those expenses, unless other arrangements have been made with Hillsboro Eye Clinic, P.C.. I understand that accounts 90 days old are considered delinquent and may be turned over to an outside collection agency. If so, I am responsible for all collection fees.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize release of all my medical information to my insurance company and my personal physician. I authorize payment of all medical benefits by my insurance company to Hillsboro Eye Clinic, P.C..

Patient's Signature
(Parent or Guardian if Patient is a Minor)

Date of Signature