



Premier Vision Center, PLLC
942 W. Shawnee St. Muskogee, OK 74401
Phone: (918) 687-0772 Fax: (918) 687-0788
premiervisioncenter@gmail.com

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of Premier Vision Center, PLLC's Notice of Privacy Practices.

Patient Name (Printed)

Signature Date

Insurance and Payment Authorization

I request that payment of authorized insurance benefits be made on my behalf to Premier Vision Center, PLLC. I authorize the release of information necessary to process claims. I permit my signature to be kept on file for future visits and insurance filings.

Due to the varying nature of vision and health insurance company plans, there may be additional fees or eligibility denials that my insurance dictates at the time of filing my insurance by Premier Vision Center, PLLC. I understand and agree that regardless of my insurance benefits, I (or my guarantor) am responsible to pay for the balance on my account for all professional services and materials provided. I understand that if payment is not made in a timely manner, I may incur a 1.5% late fee on all balances of 60 days or more unless financial arrangements are made, and accounts over 90 days may be forwarded to a collection agency.

Signature Date

How did you hear about us?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Drive by |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Eyemart |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Billboard | |