



Steven J. St. Marie, O.D.  
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## Assignment of Medical Benefits

### Financial Responsibility

All professional services rendered are charged to the patient and are due at the time of service. If you have an insurance of which we are participating providers, we will file the necessary forms for payment.

### Assignment of Benefits

I hereby assign all medical, surgical & vision benefits, to include any benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, Medicaid, any workers compensation insurance, private insurance and any other vision, medical or health plan, to issue payment directly to Northern Valley Eyecare, Inc. for any services rendered to myself and/or my dependents. I understand that I am responsible for any amount, including deductible, not covered by insurance.

### Authorization to Release Information

I hereby authorize Northern Valley Eyecare, Inc. to:

- Release any information necessary to insurance carriers regarding my illness and treatments.
- Process insurance claims generated in the course of examination & treatment.

I have requested medical services from Northern Valley Eyecare, Inc. on behalf of myself and/or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of treatment.

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date