



Newport Eye Physicians

Notification of Insurance Information Changes

We are committed to providing you with the best possible care. If you have insurance, we are happy to submit your claims for processing. Please submit to our office a copy of your new insurance card to inform us of any changes in your plan. Remember, your notification of any changes in your insurance must be submitted to us **before** service are rendered.

Please be advised that you will be responsible for payment for services if you do not notify us **before** services are rendered, of any changes in your insurance information. This would include changes in your medical group or IPA, health plan, primary physician, referring physician, benefits, and eligibility.

By signing below, I am stating that I have read and understand the above information, and I will bring *Newport Eye Physicians* a copy (of both sides) of my new insurance card when it changes.

Privacy Practices Acknowledgement

By signing below, I am stating that I have received the Notice of Privacy Practices and I have been provided an opportunity to review it and to ask any questions about it.

Authorization to Leave Messages

By signing below, I am giving my permission for the staff of *Newport Eye Physicians* to leave messages, either with a live person or on my answering machine, regarding my health care, test results, and/or my appointments at the following phone number(s):

Patient Name: _____

Patients Signature: _____ **Date:** _____