

**Francis Eye & Laser Center  
10 Business Park Court  
Utica, NY 13502  
315-735-2100**

**Dear Valued Patient:**

Your insurance plan may require member cost-sharing, which means that you may be responsible for paying a co-pay, coinsurance, or for the service itself, if you have not met your deductible.

Your plan may not cover your fees (for the reasons stated above). Please be considerate by paying promptly at a time agreed upon by you and our office.

Thank you,

Francis Eye & Laser Center

X

\_\_\_\_\_  
Patient Signature / Parent or Guardian Signature

\_\_\_\_\_  
Date

**Notice of Privacy and Acknowledgement:**

I acknowledge receipt of the Notice of Privacy Practices.

**Authorization to Release Information:**

I hereby assign Francis Eye & Laser Center, Dr. Francis C. Migliaccio, to furnish the insured's insurance company and its agents all information which said insurance company may request concerning all claims and to release any information needed to determine benefits or the benefits payable for related services. I understand my signature requests that payment be made and authorize release of medical information necessary to pay claims.

**Assignment of insurance Benefits:**

I hereby assign to Francis Eye & Laser Center, Dr. Francis C. Migliaccio all money to which I am entitled for expenses relative to all services performed from time to time, but not to exceed my indebtedness to said doctor. I understand that I am responsible to the Francis Eye & Laser Center and Dr. Francis C. Migliaccio for charges. The Francis Eye & Laser Center accepts charge determination of the insurance of the insurance carrier as full charge, and I am responsible only for the deductible, co-insurance, and non-covered services. Coinsurance and deductible are based upon the charge determination of the insurance carrier. I request that payment of authorized insurance benefits be made on my behalf to Francis Eye & Laser Center,  
Dr. Francis C. Migliaccio, for services furnished.

X

\_\_\_\_\_  
Patient Signature / Parent or Guardian Signature

\_\_\_\_\_  
Date