

**C.R. Lait Optical and Eye Associates
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2305 Oleander Avenue
Fort Pierce, FL 34982
772-465-0544 or 772-465-6616**

Insurance Billing Policy: Acknowledgement

This office has agreed to bill your insurance company and accept payment on your behalf. All information we have provided to you is based on information given to us by your insurance's customer service representatives. Verbal authorization is not a guarantee of payment and this office cannot be responsible for non-payment or discrepancies in information provided by your insurance company. In the event that payment is not received from the insurance company, the patient is responsible for payment for services provided.

By signing below, I acknowledge this office's insurance billing policy. My signature authorizes assignment of benefits to the office, serves as my signature on file and allows medical information to be released to my insurance company as needed to expedite the processing of claims on my behalf.

Signature: _____

Date: _____