

# Rolling Hills Eyecare Policies and Notifications

## Notice of Privacy Practices – Acknowledgement of Receipt

Rolling Hills Eyecare is required to protect the privacy of your health information as described in the Notice of Privacy Practices (NPP). Copies of the NPP are available in-office and on our website [www.rollinghillseyecare.com](http://www.rollinghillseyecare.com).

I acknowledge that I received a copy of Rolling Hills Eyecare Notice of Privacy Practices.

Patient name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Financial Policy Agreement

I understand that any services and materials will be billed to my insurance company(s), if applicable, and if I have provided proof of insurance coverage at the time services are rendered or materials are provided. I understand that I am responsible to promptly pay any portion not covered by my insurance at the time of services or materials are provided or at the time I am notified of a balance by my insurance company or Rolling Hills Eyecare.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*For patients under the age of 18, signature of parent or guardian is required.*

Parent/Legal Guadian name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_