

Lifetime Vision Care
Jeffrey Phillips, O.D., P.A.
1903 Tyrone Blvd., St. Petersburg, FL 33710
Phone: (727) 345-4035 Fax: (727) 384-3112
www.lifetimevisioncare.net

Ophthalmic Services Request / Authorization

Nursing Facility: _____

Resident: _____

_____ Yes: **I** request to receive eye health services while a resident of this nursing facility. I hereby assign all related medical and/or surgical benefits to Jeffrey D. Phillips, O.D., P.A. for services rendered to the resident below. I hereby authorize the release of any information necessary for Jeffrey D. Phillips, O.D., P.A. to secure payment for services rendered. If my health insurance denies or excludes payment for the service, I agree to be personally responsible for payment.

_____ Yes: As **legal representative** for the resident listed above, I request that the resident receive eye health services while a resident of this nursing facility. I hereby assign all related medical and/or surgical benefits to Jeffrey D. Phillips, O.D., P.A. for services rendered to the resident below. I hereby authorize the release of any information necessary for Jeffrey D. Phillips, O.D., P.A. to secure payment for services rendered. If the resident's health insurance denies or excludes payment for the service, I agree to be personally responsible for payment.

_____ Yes: As an **authorized employee** of the facility, I have contacted the resident's legal representative by telephone and have received authorization for services to be rendered and the release of any information necessary for Jeffrey D. Phillips, O.D., P.A. to secure payment for services rendered. If the resident's health insurance denies or excludes payment for the service, the legal representative has agreed to be personally responsible for payment.

Signature of Resident

Date

Signature of Legal Representative

Date

Signature of Authorized Facility Employee

Date