

**ROCKY MOUNTAIN EYECARE ASSOCIATES  
FINANCIAL RESPONSIBILITY POLICY AND CONSENT AGREEMENT**

**I understand I am responsible for the total charges for services rendered at time of service.** I authorize Rocky Mountain Eyecare Associates, L.C. and/or Kevin H Charlton, M.D., David B Petersen, M.D., Paul Jeppsen, M.D., Michael K. Burrow, M.D., Pamela Ng, O.D. ("RMECA"), to furnish my insurance company all pertinent information and records concerning my visits. I also authorize and hereby assign my insurance benefits to be paid directly to RMECA and/or the attending doctor. I hereby convey my right to bring any legal cause of action or right to recovery related to my insurance benefits including any rights I may have under the Employment Retirement and Income Security Act. I further appoint RMECA to serve as my authorized representative for any claim, right or cause of action associated with the benefits. Notwithstanding this assignment, I understand that RMECA does not accept responsibility for collection of insurance or other claims and that I am responsible for the payment to RMECA for services rendered to me. I understand and acknowledge I am fully responsible for all charges not covered by my insurance, except as otherwise agreed to by RMECA in its contract with the insurance company.

If my insurance requires a doctor referral, and if/my doctor does not provide that referral at the time of the visit, I am responsible to pay for the services at the time I am seen by the doctor. I understand that I will be charged a fee of up to \$100 for each scheduled appointment for which I fail to give 24 hours cancellation notice. I understand and agree that if my delinquent account is referred to an outside collection agency, I will pay an additional collection fee of up to 40% of the amount owing, as allowed by Utah Code Annotated, sec. 12-1-11. I may be charged a \$20.00 return check fee on all returned checks.

I authorize and request RMECA to charge my credit or debit card, indicated in the separate Credit/Debit Card Authorization given by me, for balances due to RMECA for services rendered that are my financial responsibility under this agreement.

If more than one person signs, I understand that the obligations of each signer are joint and several.

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