3933 Ferrara Drive
Wheaton, MD 20906
301-946-2550

Jacalyn R. Ely, O.D.
Fawziya S. Mirza, O.D.
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7625 Maple Lawn Blvd., Suite 125
Fulton, Maryland 20759-2565
301-490-2020

Insurance Assignment of Benefits

Vision Insurance:

Insurer: ____________________

Account ID: ____________________

Group ID: ____________________

Subscriber: ____________________

Billing Address: ____________________

____

Medical Insurance:

Insurer: ____________________

Account ID: ____________________

Group ID: ____________________

Subscriber: ____________________

Billing Address: ____________________

Reminder: A coverage determination, prior authorization, or certification that is made prior to a service being performed is not a promise to pay for the service at any particular rate or amount. The patient's summary plan description governs amount payable, as every claim submitted is subject to all plan provisions, including, but not limited to, eligibility requirements, exclusions, limitations, and applicable state mandates.

I, ____________________, authorize payments from the above insurers to be made directly to Maple Lawn Eye Care Center or Drs. Ely and Cohen Optometry. I understand that, in the event that my insurance deems a procedure as non-contracted, I will be financially responsible. Payments may be in the form of credit card, check or cash. I also understand that, as long as the provider accepts the above insurance, payments will be made directly to the provider.

☐ Should you have insurance with which we do not participate, please check the box.

*Signature*____________________ *Date*____________________