



Jeffrey D. Phillips, O.D. / Susan W. Phillips, O.D.

1903 Tyrone Blvd., St. Petersburg, FL 33710

Phone: (727) 345-4035 Fax: (727) 384-3112

www.lifetimevisioncare.net

Vision Screening Request / Authorization

Nursing Facility: _____

Resident: _____

As **legal representative** for the resident listed above, I request that the resident receive visual screening services while a resident of this nursing facility. I understand that initial screening services are provided by Lifetime Vision Care at no charge (free). If the resident does not pass the screening, and significant visual malfunction or eye disease are found, the patient's primary care physician will be requested to write an order for ongoing medical eye care by Lifetime Vision Care. If Lifetime Vision Care provides medical care to the resident, I hereby assign all related medical and/or surgical insurance benefits to Lifetime Vision Care for services rendered.

I hereby authorize the release of any health or insurance information necessary for Lifetime Vision Care to secure payment for any medical services rendered. If the resident's health insurance denies or excludes payment for the service, I agree to be personally responsible for payment. (Medical eye care services are covered under Medicare, Medicaid and most private insurance plans.)

Signature of Legal Representative

Date