



854 Lone Oak Drive Gallatin, Tennessee 37066

I authorize the release of all medical records maintained by Michael E. Green, MD which may be needed for my care or the processing of insurance claims. I authorize my insurance to make direct payment to Michael E. Green, MD. I understand that I am responsible for payment of any professional fees that are not covered by my insurance.

In the event my account is placed with an outside agency for collection, I agree to pay all collection cost incurred, which will be at least 43%, court cost and attorney fees.

I have presented my insurance card(s) to Green Eye Center. I understand that if my insurance does not pay or if the above information is incorrect, I am responsible for paying all balances on my account within 20 days of receiving a denial from my insurance company.

***Please update information below:***

**Address:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

***How do you want to receive appointment reminders?***

***PICK ONE:***    **Call home**    **Call cell**    **Text**    **Email**

**No show / missed appointments**

A “no-show” is someone who misses an appointment without canceling it in an adequate manner. A failure to be present at the time of a scheduled appointment will be recorded in the medical record as a “no-show”. Four “no-show” or late cancellation (less than 24 hour notice) appointments may result in dismissal from the clinic.

\_\_\_\_\_  
**PRINT ONLY Patient’s Name**

\_\_\_\_\_  
**Patient DOB**

\_\_\_\_\_  
**SIGNATURE (of Patient OR Guardian)**

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