



Summit Eye Consultants

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Consent to Bill Insurance Company

I, the undersigned, authorize **Summit Eye Consultants** to submit claims to my insurance company. If it is the case that my insurance company utilizes a managed care company, my doctor may need to discuss my treatment with a case manager. I understand that my confidentiality will be compromised in such case. I realize that his/her doing so is a necessity in her effort to secure ongoing care. I also authorize payment of medical benefits to the above named office for services provided.

Patient Signature: _____

Date: _____

Parent/Guardian Signature: _____