Englewood Optometry, LLC

Dr. John R. Loesch

5 West Wenger Road Ste. D
Englewood, Ohio 45322
937-836-6621

Signature on File

Please Check Beside Each Line and Sign and Date the Bottom.

Thank You!!

_ I authorize the use of this form on all my insurance submissions.

__ I authorize release of information to all my insurance carriers.

__ I understand it is my responsibility to pay my bill.

__ I authorize direct payment to my Doctor.

__ I have also been given the chance to read over the HIPPA Privacy Act.

Name:_____ **Date:**_____

Signature: _____