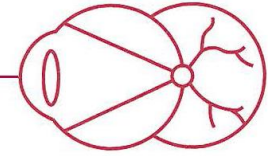


RETINA & VITREOUS CONSULTANTS OF WISCONSIN LTD.

MEDICAL AND SURGICAL TREATMENT OF THE RETINA AND VITREOUS



Jonathan M. Hershey, M.D.
Sharath C. Raja, M.D.
Nicholas H. Tosi, M.D.
Patrick P. Sassani, M.D.

AUTHORIZATION TO NOT BILL HEALTH INSURANCE

I, _____ (patient name), date of birth ____/____/____,
have requested that no claim for benefits under my health insurance policy be submitted for
assignment and payment to Retina & Vitreous Consultants of WI, Ltd, for date of service
____/____/____.

I understand that I am responsible for all charges for services rendered by Retina & Vitreous
Consultants of WI, Ltd., for this date of service. _____ Patient Initials

I understand that all charges for this date of service shall be paid in full on the date the services
are rendered. _____ Patient Initials

I understand that I am not entitled to a discount of the professional fees for any service rendered
on this date by Retina & Vitreous Consultants of WI, Ltd. _____ Patient Initials

I understand that no claim shall be submitted to my insurance carrier for this date of service in
order to satisfy my deductible. _____ Patient Initials

I understand that I have the right to revoke my right to not have any claims submitted after this
appointment. _____ Patient Initials

I understand that my insurance carrier may elect to deny me benefits for any condition(s) that
may arise due to lack of documentation from services rendered by Retina & Vitreous
Consultants of WI, Ltd., that I have/had received but elected not to utilize my insurance benefits
for. _____ Patient Initials

Patient's signature

Witness signature

Patient Name

Date

Account Number

F:/Mngmt/Common/HIPAA Forms/Authorization To Not Bill Health Insurance

MAYFAIR MALL - NORTH TOWER / 2600 NORTH MAYFAIR ROAD / SUITE 901 / MILWAUKEE, WI 53226 / 414-774-3484
ST. LUKE'S PHYSICIAN OFFICE BLDG. / 2801 WEST KINNICKINNIC RIVER PKWY. / SUITE 350 / MILWAUKEE, WI 53215 / 414-649-4660
SETON PROFESSIONAL BLDG. - OZAUKEE / 13133 NORTH PORT WASHINGTON ROAD / SUITE 120 / MEQUON, WI 53097 / 262-240-0457
MORELAND MEDICAL CENTER / 1111 DELAFIELD STREET / SUITE 227 / WAUKESHA, WI 53188 / 262-524-9323
AURORA HEALTH CENTER / 6815 118TH AVENUE / KENOSHA, WI 53142 / 262-857-5650
TOLL FREE 1-800-837-3937 FAX 414-778-3446