

Lee R. Moore Jr., O.D.

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Acknowledgement of Receipt

1. I acknowledge that I have received a copy of Dr. Lee R. Moore Jr.'s Notice of Privacy Practice.
2. I also recognize that occasionally, even though the doctor's office may participate with my insurance, the insurance might for some reason reject the claim. While the doctor's office will do whatever they can to make sure that the insurance reimburses the claim, I understand that if the insurance rejects the claim I am responsible for the remaining balance.

Patient Name: _____

Signature: _____ Date: _____