

INSURANCE • FINANCIAL POLICY • GUARANTEE • HIPAA**IMPORTANT BILLING INFORMATION: Medical Insurance vs. Vision Plans**

The type of eye exam you have is determined by the reason for your visit, or your chief complaint, as well as your diagnosis. Most insurance companies focus on the reason for your visit.

Your Vision Plan (VSP, EyeMed, VCP, etc.) will be billed when your eye exam is routine in nature. This exam usually produces a final diagnosis such as nearsightedness, farsightedness, and/or astigmatism.

Your Medical Insurance Plan will be billed when the focus of your eye exam is medical in nature. Typically this exam produces a final diagnosis such as conjunctivitis, cataracts, glaucoma, etc.

_____ **I agree to this policy** (patient or responsible party's initials)

CONTACT LENS EVALUATIONS

Contact lens wearers require a separate prescription, and are at greater risk for infection and corneal tissue damage. Therefore, a proper evaluation is essential. The fee for the evaluation ranges from \$18-\$89 for existing wearers and \$61-\$127 for new wearers. This fee covers necessary disposable trial contact lenses and follow up appointments for 90 days.

_____ **I agree to this policy** (patient or responsible party's initials)

GUARANTEE

Patient and customer satisfaction is very important to us, so we provide the following:

- Satisfaction guarantee on all disposable contacts – if you are ever dissatisfied with the comfort or performance of your contacts, or your prescription changes mid-year, we will be happy to exchange your remaining supply.

Additionally, we offer discounts and rebates on year supplies of contacts as well as 2nd pair savings and vision plan discounts on eyewear.

If you're interested in LASIK (Laser Vision Correction) be sure to ask your technician for a complimentary evaluation to see if you are a good candidate for the surgery.

HIPAA and OFFICE POLICIES

You have the right to review our notice of privacy practices [Health Insurance Portability & Accountability Act of 1996], as well as a comprehensive listing of our office policies and billing procedures. You may obtain a current copy of your notice of privacy practices and our policies at any time by request.

All payments, including co-pay, are due at the time services are rendered.

_____ **I agree to this policy** (patient or responsible party's initials)

Our office has implemented a particular EHR (Electronic Health Records) which now allows you to have online access to your PHR (Personal Health Record). If interested in this feature please ask us!

Patient / Responsible Party's Signature: _____ Date: _____