

NAME: _____

This Notice Applies to the Following Family Members:

PRIVACY POLICY

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for services, and to conduct health care operations involving our office. The Privacy Policy describes these uses and disclosures in detail.

I acknowledge that I have been offered and/or received a copy of the Privacy Policy from Eyewise Optometry.

DATE _____ SIGNATURE _____

FINANCIAL DISCLAIMERS

Eligibility for medical insurance and/or routine vision benefits

We will attempt to verify your plan eligibility for services and/or materials before your appointment.

Verification of eligibility is done as a courtesy only and is not a guarantee of payment. Please check with your plan administrator if you have any questions regarding your eligibility. Eyewise Optometry does not participate in any HMO plans. INTIAL _____

Liability

If I have medical insurance or routine vision benefits, I authorize my plan carrier to directly pay Eyewise Optometry, I also authorize Eyewise Optometry to release any information required for payment to be made. **If my plan carrier does not pay, or partially pays, I understand I am responsible for payment in full or the remaining balance.** My signature below verifies that I understand this agreement and the above financial disclaimers.

DATE _____ SIGNATURE _____
[or Parent of Patient]

REFRACTION FEE

The part of your evaluation that determines your prescription is called a refraction. A refraction is also done under certain circumstances for diagnostic purposes. **If you have routine vision benefits such as VSP or EyeMed, your refraction is typically included with your exam benefits . Medical insurances that do not include routine vision benefits, such as Medicare, do not cover a refraction. The fee for a refraction is \$30.** My signature below verifies I understand the refraction fee.

DATE _____ SIGNATURE _____