

## **WELCOME TO OUR OFFICE/OFFICE POLICIES OUR PART:**

Our policy is that we are on your side! We will do everything we can to help you receive any benefits that you are currently eligible for.

### **YOUR PART:**

You have to tell us if/what vision plan and/or major medical coverage you have, and we'll take it from there. With hundreds of different insurance plans and variables, there is no way for us to find it!

You are responsible for the services rendered in the event that your insurance **does not** pay. The dispute is between you and the insurance company, and we are here to assist you.

### **METHODS OF PAYMENT:**

**NO INSURANCE: No problem!** We accept cash, check, and all major credit cards. (American Express, Discover, MasterCard, and Visa.) We are now able to accept Care Credit as well! (\$200 Minimum)

**VISION PLANS:** We are providers for **most** vision insurance companies. We will educate you as to how to maximize your benefits with each individual plan.

**MAJOR MEDICAL INSURANCE/MEDICARE:** Refractions (checking vision/prescription) and contact lens fittings are not covered by medical plans. The majority of your exam is often covered as follows: We are in network with **most** medical insurances. We keep this information on file because we perform many medical eye care services, and often a large portion of your exam has a **medical reason** billable to your carrier, reducing your out of pocket cost for your exam. (Allergic Conditions, Diabetes, Dry Eye, Glaucoma, Headaches etc.) We also use this information for medical office visits. ( Infections, Scratches, Removing objects from the eyes etc.)

**Special Note to Contact Lens Wearers:** As a medical device that touches the eye, contact lenses can certainly impact the health of your eye. To ensure that your contact lens wear is successful, we will perform additional tests to assess the fit and vision of your contact lenses. Your fee of **\$35** (minimum) includes the evaluation of your corneal health, tear film, conjunctiva, and eyelids, as well as the selection of contact lens type, material, curvature, diameter, and wearing schedule. You will also receive all fitting lenses, and follow-up appointments needed. (There may be additional charges to fit for specialty contact lenses/RGPs.) **Not all vision insurance plans cover these fees.** Please ask our staff for details on your policy.

**WE ARE ALWAYS HERE TO ANSWER QUESTIONS YOU HAVE REGARDING YOUR SITUATION. THANK YOU!**

**PLEASE SIGN HERE- HIPAA PRIVACY**

# **PRACTICES**

**I acknowledge that I have read or have had the opportunity to read the Notice of HIPAA Privacy Practices. (Available at the Front Desk or in Lobby.)**

P a t i e n t  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

S i g n a t u r e \_\_\_\_\_ o f \_\_\_\_\_ P a t i e n t \_\_\_\_\_ o r  
Guardian: \_\_\_\_\_

## **IS THERE A FAMILY MEMBER YOU WOULD LIKE TO HAVE ACCESS TO YOUR RECORDS?**

**I hereby authorize Dr. Andrea Dudley and Staff to give access of my personal health records, and disclose my protected medical information to the following person(s).**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_