For Your Eyes Only Optometry Center

Acknowledgment of Privacy Policy & Financial Disclaimers

Name: _____

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 healthcare operations involving our office.

We may call to remind you of scheduled appointments. We may also call to notify you of other treatments or services available at our office that might help you.

The Privacy Policy describes these uses and disclosures in detail and is on the following page of this document. I acknowledge that I have been offered and/or received a copy of the Privacy Policy from *For Your Eyes Only Optometry Center.*

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Signature Date

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 not a guarantee of payment. Please check with your plan administrator if you have any questions regarding your eligibility. At this time, *For Your Eyes Only Optometry Center* does not participate in any HMO plans.

My initials verify that I understand this financial disclaimer.

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INITIALS

Liability: If I have medical insurance or routine vision benefits, I authorize my plan carrier to directly pay *For Your Eyes Only Optometry Center*. I also authorize *For Your Eyes Only Optometry Center* 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 balances.***

My initials verify that I understand this liability agreement.

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INITIALS

CONTACT LENS FEES

Contact lens evaluation services are not an included part of an eye health evaluation and vision assessment. Additional fees will apply. Fees are customized according to the complexity of the case and the predicted time necessary to care for the individual patient. Fees for contact lens evaluation services range from $65 to $400. As with glasses, contact lens materials are an additional fee.

My initials verify that I understand this contact lens fees agreement.

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INITIALS

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, Eye Med, Spectera or MES, your refraction is typically included with your exam benefits. Medical insurances that do not include routine vision benefits, such as Medicare, do not cover refraction. The fee for refraction is $50.

My initials verify that I understand this refraction fee agreement.

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INITIALS

RETINAL SCREENING FEE

For Your Eyes Only Optometry Center offers the latest technology in eye examinations, the retinal-screening map captures the most comprehensive images of your retina and may eliminate the discomfort and inconvenience of dilating your eyes. This is not a covered option under most vision benefit plans such as VSP, EyeMed, Spectera and MES. The fee for retinal screening map is $39.

My initials verify that I understand this retinal screening fee.

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INITIALS

DILATION

Annual dilation is crucial to the monitoring of the health of your eyes. Many eye health conditions can be diagnosed with the proper dilation of the eyes. We understand it may not always be a convenient time to be dilated and our staff are willing to schedule a separate appointment for dilation if need be. If you still voluntarily refuse to have your eyes dilated, *For Your Eyes Only Optometry Center* is not liable for any health conditions that may not be detected due to refusal to be dilated today.

My initials verify that I understand this dilation agreement.

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INITIALS