

Premier Family Eye Care

HIPPA/PRIVACY POLICY

I acknowledge that I have the right to review Premier Family Eye Care's Privacy Policy prior to signing this Consent. I authorize the release of medical information to my primary care or referring physician as necessary to process my insurance claims, prescriptions, etc.

Please list below, any person to whom your protected health information can be disclosed.

Name of Person records to be released: _____ Relationship: _____

ROUTINE COMPREHENSIVE VISION EXAMS vs. MEDICAL EYE EXAMS

There is sometimes no way to know prior to the examination which type of exam will be most appropriate. If there are no medical complaints or problems, the exam will be considered a Routine Comprehensive Vision Exam. If you have a medical complaint and/or problem, the exam is a Medical Eye Exam.

Routine Comprehensive Vision Exams:

This exam provides a detailed screening of the eyes and visual system as well as a **Refraction**, which is the service to determine the proper eyeglasses prescription. These exams are intended for healthy patients with no known medical eye issues. Vision insurance can be applied towards Routine Comprehensive Vision Exams. Contact lenses can also be fitted during this type of exam.

(Common vision insurance plans include VSP, Eyemed, Community Eye Care, Superior Vision, etc.)

Medical Eye Exams:

This exam focuses on a specific medical condition. Medical conditions may include eye allergies, dry eye, infection, glaucoma, cataracts, headaches, diabetes, injuries, and more. Medical insurance can be applied to Medical Eye Exams. **No Refraction** is performed during a Medical Eye Exam. If a patient wishes to update their eyeglasses prescription during a Medical Eye Exam they may, however Vision insurance cannot be applied and this service would be the patient's responsibility (\$30.00 service fee). Medical insurance cannot be applied to any "routine" vision service.

I understand the difference between Routine Comprehensive Vision Exams and Medical Eye Exams. I also understand the difference between what Vision insurance and Medical insurance may cover and I authorize PFEC to file my claim with the appropriate insurance based on the reason for my visit and the results of my examination.

Print Patient Name _____

Signature: _____ Date: _____

FINANCIAL POLICY FOR ALL PATIENTS

We make every effort to be on as many insurance panels as we can, both medical and vision, for your convenience. If we are on your insurance company's panel we will file those claims for you as a courtesy. However, the benefits quoted are not a guarantee of final payment required; the final determination can only be made after the claim is processed. In the event that we are out of network with your medical or vision insurance, we will provide you with an itemized receipt so that you may file a claim with your insurance for reimbursement.

Applicable co-payments, deductibles and/or coinsurance will be collected at the time of service. You are responsible for all charges not paid for by your insurance.

I agree to make prompt payment in full to PFEC when billed for any and all charges not covered or paid for by my insurance. I also authorize insurance benefits to be paid directly to PFEC. This authorization is valid until revoked in writing.

Signature: _____ Date: _____

PERMISSION TO TREAT A MINOR – Only for patient age 18 or younger

A parent or guardian must be present with a patient under the age of 18 or grant permission for PFEC to see the minor without their presence for examinations. This authorization is valid until revoked in writing. I have legal right to select and authorize health care services for this minor child.

Signature: _____ Date: _____

Relationship to Patient: _____

MEDICARE PATIENTS ONLY

Medicare DOES NOT cover the cost of the Refraction (the part of the eye exam where the prescription for glasses or contacts is determined). Therefore, the patient is responsible for the Refraction Fee in addition to any unmet deductible from Medicare or required copay. The Refraction Fee is \$30 and is to be paid on the day of service.

I authorize any holder of medical or other information about me to release to the Social Security Administration and Center for Medicare and Medicaid Services, or its intermediaries or carrier, any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of Medicare insurance benefits either to myself or to the party who accepts the assignment. Regulations pertaining to Medicare assignment of benefits apply. This authorization is valid until revoked in writing.

Signature: _____ Date: _____

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Contact Lens Evaluation and Explanation of Fitting Fees

Please understand that contact lens services are NOT included in your annual comprehensive eye exam. Your eye exam includes a prescription for eyeglasses, eye muscle tests, glaucoma tests, dilation and full ocular health assessment.

By law, contact lenses must be evaluated annually and properly fit in order for your eye health and vision to be properly maintained. Most insurance companies DO NOT cover this portion. Following the contact lens evaluation or fitting process you will have a current prescription that will expire in 1 year.

Evaluation: No change in brand or power necessary

Annual Evaluation \$45 Applies to existing contact lens wearers who, at the end of the exam, the doctor determines that a change in brand and power is **not** necessary. New patients to our office must bring prescription or boxes with them at time of service to qualify.

Contact Lens New fit: Change in brand or power

There are four levels of fittings depending on the complexity of your prescription and lens type required.

Fitting fees include a complimentary pair of contact lenses, lens case, solution, and any follow up visits within 90 days of the *initial* contact lens fitting with our doctor.

Level 1 \$60 Basic Soft Contact Lens Fit

Level 2 \$90 Advanced Soft or Basic Gas Permeable Contact Lens Fit

Level 3 \$160 Soft Multifocal/ Monovision or Advanced Gas Permeable Lens Fit

Level 4 \$215 Specialty Lens Fit (i.e. Keratoconus Gas Permeable Lenses; not including scleral lenses)

There is a **\$25** charge required for the Contact Lens Insertion and Removal training session by one of our skilled staff

I understand that the fitting fee does not include the cost of the lenses, and that the lens supplies are ordered separately. Contact lens prescriptions will be released after the initial fitting period is successfully completed and all fees are paid.

I understand even with proper care there are risks to wearing contact lenses, and that those risks increase with improper use. I must follow the instructions given to me by the eye care team about the recommended wear and replacement schedule to ensure the health of my eyes. I agree to remove my lenses at the first sign of problems and call the office immediately if I develop unusual pain or redness.

Patient or Guardian Signature

Date

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DIABETIC EYE EXAMS

The doctors at Premier Family Eye Care perform dilated diabetic eye examinations for all patients that have a diagnosis of diabetes (Type I, Type II, or Current Gestational) whether they are being treated by diet and exercise or medication (oral or insulin). Diabetic eye disease is the number one cause of blindness for adults in the United States and patients with diabetes require special care.

The diabetic eye examination is more involved than a routine comprehensive vision exam. Diabetic patients will have their eyes dilated, be educated about diabetes and its potential effects on their eyes, and thoroughly examined and questioned for diabetes-specific eye problems. It is important that our doctors take this extra time during the exam, because diabetic eye disease can lead to irreversible vision loss. In addition, a report containing the exam findings will be sent to their primary care doctor and/or endocrinologist. Due to the medical nature of the diabetes diagnosis, diabetic eye exams are billed to a patient's Medical insurance carrier, NOT their Vision insurance carrier.

No Refraction is provided during the diabetic eye examination. If a patient wishes to update their eyeglasses prescription during a diabetic eye examination they may, however Vision insurance will not be applied and this service would be the patient's responsibility (\$30.00 service fee). If patients have Vision insurance that covers the refraction fee, they have the option to schedule a vision exam on a different day to update their glasses and best utilize their Vision insurance plan benefits.

I acknowledge my understanding and consent to a diabetic eye exam. I recognize that my Medical insurance will be billed for the examination, not my Vision insurance.

Patient or Guardian Signature

Date

For communication purposes, please list any doctors (primary care, endocrinologist, etc) below that you see to manage your health regarding diabetes.

Name of Doctor and/or Practice

Phone #

Fax # (if known)