

Acknowledgment of Office Policies, Insurance Submission, & HIPAA Policies

If we are contracted with your insurance company we submit all claims to your vision/health insurance and accept assignment of benefits. Insurance patients must pay their co-pay at the time services are rendered. If your insurance company has not paid the full balance within 60 days, the balance of your account becomes your personal responsibility.

Please be advised that in some cases, your insurance company may consider services we render “non-covered”. Your insurance plan is a contract between you and your insurance company. You are personally responsible for payment of any non-covered services.

If you do not notify us of your vision insurance prior to your appointment, we will be unable to process your claim. Payment will be required up front but we will provide the necessary information for you to submit a claim for reimbursement.

We have limited access to vision benefit information through Medical insurers (Blue Cross, Cigna, etc.). Therefore, those patients are expected to pay all fees at the time of service. As a courtesy, we will submit a claim for you or provide information to submit on your own. If you have questions about your benefits, please call the customer service number listed on the back of your insurance card.

1. I understand that all responsibility for payment for professional services and optical materials for myself and/or my dependents is due and payable at the time services are rendered. If payments are not received, I understand that a 1.5% monthly finance charge (18% APR) may be added to my account in addition to any collection charges.
2. A \$25 fee will be added to patient balance for each returned check.
3. I understand that it is my responsibility to advise your office of any changes to the personal or insurance information.
4. I authorize the use of my social security number to file my vision/medical claims. I authorize that my signature on this form may be used as a “Signature on File” for filing insurance claims.
5. I acknowledge the HIPAA policy is posted in the office and can request a copy for my records at any time.
6. Prescriptions for glasses and contact lenses are valid for one year from the date of your exam.
7. Cancellation of orders must be made within one business day. Custom prescription lenses that are already fabricated are only refundable at 50% of cost. Frames are refundable minus a \$25 restocking fee.
8. Contact lens boxes that are opened or have markings cannot be refunded- this includes daily replacement 90-packs composed of three 30-pack boxes. There are no refunds on colored contact lenses.

I have read and understand the policies outlined on this form:

Print Name: _____

Signature: _____ Date: _____

Retinal Imaging

The goal of our practice is to improve the lives of our patients and to protect their vision for a lifetime. This is why Dr. Kelly utilizes advanced retinal imaging technology to evaluate the eye health of all his patients.

Our Optovue OCT (Optical Coherence Tomographer) can identify disease by analyzing retinal tissue that is half the thickness of a human hair. Using this technology enables early detection of **Glaucoma, Diabetes, Hypertension, Macular Degeneration, and even types of Brain Tumors.**

These images help assess your eye health today and establish a baseline for tomorrow. Retinal Imaging is painless and non-invasive. **This test is performed on your first visit and typically every other year after.** The cost of this procedure is **\$37** and is not covered by any vision insurance.

If you have questions regarding the procedure or do not wish to have this test performed, please notify your exam technician or Dr. Kelly.