

Initial _____

HIPAA PRIVACY POLICY

I understand that Eyes on Rosemont may not use nor disclose necessary personal health information to another party, unless it is to permit Eyes on Rosemont to perform its administrative duties, provide me with eye care services and products, process my vision and health benefit claims and communicate with me regarding vision care services provided by Eyes on Rosemont. I can be assured that Eyes on Rosemont does not sell my personal health information of any kind, and/or the vision services and products that I have received to a third party for such party's own use.

Initial _____

FINANCIAL RESPONSIBILITY

By signing below, you are agreeing to pay any amount which is refused by, not covered by or determined to be patients' responsibility by your health insurance company or vision plan. It is your responsibility to know your health insurance policy and vision plan coverage and benefits. You are also responsible for obtaining any referrals and pre-authorizations needed.

Initial _____

CONTACT LENS AGREEMENT

A contact lens prescription is not the same as a glasses prescription. Contact lenses are classified as medical devices and require detailed prescribing. The testing done to determine a contact lens prescription is not done as part of a routine eye examination. A diagnostic fitting, as well as follow up evaluations, are required to determine a final contact lens prescription. **Contact lens prescriptions are only valid for one year and you must be fit annually.**

An evaluation fee is incurred to determine a patient's candidacy or continued candidacy to fit contact lenses. This fee is routine in all professional offices and is **not** covered by most insurance or vision plans and is **not** refundable. This evaluation provides professional judgment as to the proper lens for a patient based on their specific ocular health, measurements, and lifestyle considerations. **Training is required for all first time contact lens wearers and there is an additional fee for this procedure.**

Two follow up appointments and trial lenses are included within a 90 day period from your initial contact lens fitting. We will make all attempts to finalize your contact lens prescription within this time. If a finalized prescription is not able to be determined within the 90 days, an additional re-fit fee will be assessed.

Signature: _____

EXPLANATION OF COVERAGE

Initial _____

VISION VS. MEDICAL INSURANCE

We often have patients that have both a vision plan and medical insurance. Vision plans and medical insurance are very different in terms of the services they cover and it's important for our patients to understand those differences.

Vision plan coverage is designed for ROUTINE EYE EXAMS which include an annual eye exam (with refraction) to evaluate the health of the eyes, determination of the need for glasses/contact lenses and manage any optical needs, and certain benefits to help pay for glasses or contacts

Medical insurance provides coverage for DIAGNOSTIC TESTING and MEDICAL TREATMENT for a medical diagnosis such as hypertension, diabetes, or an eye disease such infections, dry eye syndrome, allergies, glaucoma, cataracts, etc.

Until a routine exam has been completed, it is not possible to determine if a medical diagnosis exists that may require additional diagnostic testing and medical treatment. If a medical diagnosis is identified or suspected during the routine eye exam and additional testing or treatment is medically indicated, Eyes on Rosemont is required by our vision plan and medical insurance contractual obligations to submit the claim(s) to the appropriate carrier.

To minimize out-of-pocket expense to our patients, we will submit the routine exam to your vision plan. However, any diagnostic testing and treatment will be billed to your medical insurance and you will be financially responsible for any applicable deductibles, co-insurances, and non-covered services in accordance with the benefits of your medical insurance.

For the convenience of our patients, Eyes on Rosemont participates with almost every major vision plan and medical insurance carrier. As required, we will file those claims for you. In the event that we do not participate with your medical or vision insurance(s), we will provide you with an itemized receipt so that you may file with your insurance carrier for any out-of-network benefits to which you may be entitled. If you have any questions, please let us know.

I acknowledge understanding of the information above and authorize Eyes on Rosemont to file the claim(s) with my insurance(s) as appropriate.

Date: _____

Ocular Health and Age Related Macular Degeneration Assessment

Retinal Photography

This technology combines retinal photography with computerized imaging to allow instant viewing of the retina and optic nerve in great detail. Both the doctor and the patient see the images on a computer monitor. This method of examining and documenting the retina promotes early diagnosis of abnormal conditions, which could prevent permanent vision loss. An additional benefit of retinal imaging is that we store the pictures and compare them against any future changes.

- Yes, I agree to a Retinal Photo for **\$39**
 - No thank you, I'm not interested today
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Dilation

Dilation of the eye provides the most accurate investigation into your ocular health and many important aspects of your general health. Eyes on Rosemont uses a fast-acting dilation drop that wears off within a few hours for most patients. Although your close-up vision will be affected, many of our patients have no trouble driving. New patients, Diabetic patients, patients with Glaucoma and other certain eye diseases and conditions, will be dilated as part of your Yearly Comprehensive Eye Exam, as directed by the doctor.

Release of Liability for Internal Eye Health Exam

I have been informed that a thorough internal examination of the eye is integral to an eye examination. Without a thorough internal examination, serious eye disease can be missed such as: diabetes, retinal detachment or malignant tumors. All of these can lead to loss of vision, blindness or even death.

- Yes, I agree to dilation
- No, thank you

Patient Name (print) _____

Signature _____

Date _____