

Cataract and Eye Consultants

ADVANCE NOTICE & ACKNOWLEDGEMENT OF POLICIES

HIPAA PRIVACY POLICY

A copy of our Notice of Privacy Practices can be found in our 'Privacy Binder.' You have the right to have a copy of this policy. Please see any member of our staff to request a copy of our HIPAA policy for your records. Signing below acknowledges that understand you have had the opportunity to review the Notice of Privacy Practices and may have a copy.

REFRACTIONS

A refraction may be performed at your evaluation and/or subsequent follow-up visits. This is a test to determine the best possible vision. This test is a separate component to the medical exam and is NOT COVERED BY INSURANCE PLANS. Our current fee for this service is \$45.00. If you choose to pay for the refraction on the day of service, a \$10 cash discount will be extended.

ASSIGNMENT OF BENEFITS

Signing below authorizes and directs your insurance carrier(s), including Medicare and private insurance plans, to issue payment check(s) directly to Cataract and Eye Consultants for medical services rendered to you and/or your dependents. You also authorize the release of any information needed to determine benefits and submit claims for these services.

FINANCIAL RESPONSIBILITY

Fees (including co-pays and deductibles) are due and payable on the date that services are rendered. You have requested medical services from Cataract and Eye Consultants, and by making this request, you become fully financially responsible for any and all charges (including co-insurance, deductibles and non-covered services) incurred in the course of the treatment authorized.

By signing below, I am confirming that I have read and understand this notice and confirm that I have been given the opportunity to ask whatever questions that I might have and that they have been answered to my satisfaction.

Patient Name (print)

Signature

Date