



Patient Financial Responsibility & Assignment of Benefits Form

Routine Vision Exam Vs. Medical Exam

Routine Eye Exam: A routine eye exam takes place when you come for an eye examination without any medical eye problems, and there are no symptoms except for visual changes that can be corrected by eyeglasses or contact lenses. **Routine eye exams are billed to your vision care plan** (VSP, for example) or to your medical insurance provider if you have routine vision coverage as part of your insurance plan.

Medical Eye Exam: A medical eye exam takes place when you are being evaluated or treated for a medical condition or symptom that you bring up, eye problems you tell our staff about, or conditions that the doctor finds during the examination. Exams with medical diagnoses are not covered by routine vision plans. **Insurance co-pays and deductibles will apply.** Some examples that necessitate your visit being submitted to your medical insurance include eye irritation, dry eyes, allergies, watery eyes, diabetes mellitus, floaters, double vision, glaucoma, cataract, and macular degeneration.

YOUR INITIALS

Refraction Fee

A refraction is the test that is performed to determine your eyeglass prescription. It is usually done on a yearly basis as part of the comprehensive exam and typically involves questioning along the lines of, "Which is better, 1 or 2?" It is an essential part of an eye examination and necessary to evaluate your eye health. It is typically done once a year, regardless of whether new glasses or contacts are prescribed.

Refractions are always covered by vision plans (such as VSP) as part of a routine eye exam, but are often not covered by insurance plans for office visits that are medical in nature. **Medicare considers a refraction to be routine vision care and, therefore, does not cover it under any circumstances.**

YOUR INITIALS

No Show Policy

If you are unable to keep your scheduled appointment, please call our office at least 24 hours prior to your appointment time to notify us. This allows us to offer that time to another patient. If you fail to show up for your appointment or cancel your appointment within 24 hours of your scheduled time, this constitutes a no-show and a fee may apply.

YOUR INITIALS

Billing & Collections Policy

Payment for **ALL** services is due at the time services are rendered. In the event the insurance company does not pay, the patient is held solely responsible for the bill. Accounts that are 60 days or more past due will be assessed a late fee of \$35. Accounts that are 90 days or more past due will be turned over to our collections agency.

YOUR INITIALS

Acknowledgement of Receipt of Privacy Policy

A copy of the Holly Springs Eye Associates Notice of Privacy Practices (Updated 01/01/2018), which details how my personal health information may be used and disclosed as permitted under federal and state laws, has been made available to me.

YOUR INITIALS

*Payment for services are requested in full on the day services are provided.
50% deposit is required on eyeglasses and full payment on contact lenses.*

I have read this document and understand it. I consent to the use and disclosure of my health information for the purposes of treatment, payment, and healthcare operations. I acknowledge that I have received the Notice of Privacy Practices from Holly Springs Eye Associates.

Signature: _____

Date: _____

Printed Name of Patient: _____