

OPTI-CARE

Acknowledgement of Financial Responsibility

Our goal is to provide the most thorough eye care possible to you and your family. It is important for our patients to understand the difference between routine eye exams and medically related eye care.

Please initial to acknowledge your understanding of each item

- _____ 1. **Routine eye examination** – Vision care plans cover a general eye health screening, as well as a refraction to help determine an eyeglass prescription or a contact lens power.

- _____ 2. **Medically related eye care** – Including but not limited to eye infections, dry eye, ocular allergy, cataracts, glaucoma and trauma related care. Medical conditions (including some not listed here) are billed to your medical insurance and are subject to your deductibles and copayments. Refraction may be done for diagnostic purposes and typically will not be covered by your medical insurance; we cannot always predict billing requirements in advance of the exam.

- _____ 3. **Contact lens evaluation** – Dr. Davis is required to evaluate the health of your eyes and the fit of your contacts during each exam. Both new and existing contact lens wearers will be charged a fitting or evaluation fee that includes up to 2 follow up visits, and new wearers will be required to have a training session with our staff. With few exceptions, this fee is not covered by your insurance company.

Insurance: In order for us to bill your insurance company, you will need to supply us with the most up to date insurance information at the time of your appointment. Benefits quoted to us by your insurance company are not a guarantee of payment. Should your insurance deny a claim for any reason, you will be responsible for any remaining balances as directed by your insurance. Co-pays are due at the time of service; co-insurance, deductibles and non-covered items are due 30 days from receipt of billing. _____

My signature indicates I have read, understand and agree to the financial responsibilities listed herein.

(Patient name)

(Date)

(Signature of patient or guardian)