



## **NOTICE OF PATIENT PRIVACY RIGHTS, PROTECTION, AND RESPONSIBILITIES**

### **FINANCIAL AGREEMENT**

As a member of a vision care program or medical insurance member, I acknowledge for today's visit that I will assume full financial responsibility for services rendered to me if my vision plan or medical insurance carrier denies or does not cover my claim.

I acknowledge that my examination today may be billed to my medical insurance vs. vision care program as deemed appropriate by my doctor. I understand that I am responsible to pay all co-payments at the time of service, prior to leaving. Co-payments cannot be waived at any time by the provider of service or Vision Source of GVR. If my insurance determines that medical services and/or materials are not covered, I acknowledge that I have been notified and will assume full responsibility for the service(s) and/or materials provided. If my insurance determines that I have not met my deductible, I understand that I will be fully responsible for payment in a timely manner, no more than 30 days after I have been notified by the insurance and/or provider. Yearly deductibles cannot be waived at any time by Vision Source of GVR.

I acknowledge that Vision Source of GVR will transfer any outstanding balances to a collection agency sixty (60) days after my initial invoice was generated if I have not contact the office and instituted a payment plan. I understand this action will incur a collection fee of \$25 to my overall outstanding balance.

### **MEDICAL INSURANCE vs. VISION BENEFITS**

One of the most challenging billing issues in an optometry office is if we should be billing a medical or vision plan. An optometrist is a physician just like your family doctor or cardiologist and provides very comprehensive medical exams. However, optometrists also provide routine well-vision exams for patients with no eye disorders. Our doctors and billers will determine the appropriate plan (medial or vision) to file your claim based on the primary diagnosis of your examination.

*For patients with BOTH medical and vision coverage:* Your vision plan is intended to provide you with a baseline, well-vision exam. If you are being evaluated for medical reasons (corneal disorders, diabetes, cataracts, glaucoma suspect, double vision, dry eyes, etc.) you are being provided with medical care, not vision. Therefore, we will file a claim with your medical insurance for visits related to medical complaints and problems.

*For patients without vision coverage:* If you are being seen for a routine well-vision exam and do not have vision coverage, your medical insurance will not pay for the exam. However, if you have a medical problem (corneal disorders, diabetes, cataracts, glaucoma suspect, double vision, dry eyes, etc.) your visit is considered a medical problem and can be billed to your medical insurance.

### **PROFESSIONAL SERVICES AND MATERIALS**

I recognize the right to a copy of my prescriptions and am aware it is available via my Personal Health Record account. I understand that I am responsible for 100% of all professional fees rendered on the date of service. I understand that I am also required to make payment for at least 50% of materials at the time materials are ordered. If I do not pick up my materials within 60 days from my initial order, my materials will be returned to the laboratory and my initial deposit will not be refunded. If I am to receive contact lenses by mail, I understand that I am required to pay in full at time of service.

### **EXTERNAL PRESCRIPTIONS & MATERIALS**

I am aware that Vision Source of GVR will not assume any responsibility for the accuracy or quality of any materials made outside of the office. If I choose to have my eyeglasses made elsewhere, I understand it is important to ask for a copy of my eyeglass dispenser's prescription re-make policy so it is clearly defined prior to placing my order. I understand that Vision Source of GVR is more than happy to provide me with eyeglasses or contacts from a valid prescription from an outside provider. For outside prescriptions, I acknowledge there are no refunds or cancellations and the one time remake policy within 90 days of the order will apply. If I am supplying my own frame, I understand that

