



Copays and Deductibles are due at the time of service.

Patient Name: _____

Male/Female: _____ Date of Birth: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number Home: _____ Cell: _____ Work: _____

Email: _____ Referred by: _____

Place of Employment: _____ Occupation: _____

Primary Care Doctor: _____ Pharmacy: _____

Guarantor information (if patient is a minor or if patient is not the primary person insured)

Name: _____ Date of Birth: _____ SSN: _____

Phone number Home: _____ Cell: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Insurance and Financial Agreement: We will help you with your claim, but if your insurance company delays their reimbursement beyond 30 days, you will be expected to pay for services rendered.

Communications Regarding my Accounts: Until my accounts are finally settled, I give my direct consent to receive communications regarding my accounts from any services and/or collectors of my accounts, through various means such as cell, land line, text, email, auto dialer, etc.

For Medicare patients: Advanced Beneficiary Notice (ABN): Sometimes there are services your doctor will perform that are not paid for by Medicare. The refraction (how we determine your eyeglass prescription) is one of these services. You personally will have to pay for this service. The refraction is \$58.00. We want to let you know this in advance so you may make an informed decision. Please choose one option below (Please circle).

- Yes, I would like to receive this service.
- No, I do not want to receive this service.

I have been given the opportunity to review Advanced Eyecare's **Notice of Privacy Practices** Policy.

Responsible Party Signature

Date



About Your Insurance

There are two types of health insurance that will help pay for your eye care services and products. You may have both types and Advanced Eyecare accepts most insurance plans in both categories:

1. Vision plans (such as VSP, EyeMed and others)
 2. Medical insurance (such as Blue Cross/Blue Shield, Medicare and others).
- Vision plans only cover routine vision wellness exams, along with eyeglasses and contact lenses. Vision plans do not cover medical eye care (the diagnosis, management or treatment of eye health problems).
 - Medical insurance (or health insurance) must be used for medical eye care.
 - A vision wellness exam is defined when the only diagnosis is refractive in nature (myopia or astigmatism, for example). A medical eye exam is when the diagnosis is anything other than refractive (glaucoma, cataract, dry eye syndrome, and many others).
 - Medical insurance must be used if you have an eye health problem or systemic health problem that has possible ocular complications. This includes medications that have ocular side effects. Your doctor will determine if these conditions apply to you, but some are determined by your case history.
 - If you have both types of insurance plans it may be necessary for us to bill some services to one plan and some services to the other. We will follow a procedure called coordination of benefits to do this properly and to minimize your out-of-pocket expense.
 - We will bill your vision plan or medical insurance for services if we are a participating provider for that company. If we are not a provider, you may submit your own claim for reimbursement of the fees you pay. We will try to obtain authorization in advance for your insurance benefits so we can tell you what is covered. If some fees are not paid by your insurance, we will bill you for them, such as deductibles, co-pays or non-covered services as allowed by the insurance contract.

Please provide your insurance cards to our staff member so we can make a copy. We need to have your medical insurance card or Medicare card on file in case we should need it in the future for billing your insurance.

I have read and accept these policies.

Patient signature (parent if child)

Date