

Los Gatos Eye Care

THIS NOTICE APPLIES TO THE FOLLOWING PATIENT AND/OR FAMILY MEMBERS:

PRIVACY POLICY

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for services, and to conduct health care operations involving our office. This Privacy Policy describes these uses and disclosures in detail.

I acknowledge that I have been offered and/or received a copy of the Privacy Policy from Los Gatos Eye Care.

Date

Signature

FINANCIAL DISCLAIMERS

Eligibility for medical insurance and/or routine vision benefits

We will attempt to verify your plan eligibility for services and/or materials before your appointment. **Verification of eligibility is done as a courtesy only and is not a guarantee of payment.** Please check with your plan administrator if you have any questions regarding your eligibility. Los Gatos Eye Care does not participate in any HMO plans.

Liability

If I have medical insurance or routine vision benefits, I authorize my plan carrier to directly pay Los Gatos Eye Care. I also authorize Los Gatos Eye Care to release any information required for payment to be made. **If my plan carrier does not pay, or partially pays, I understand I am responsible for payment in full or the remaining balance.** My signature below verifies that I understand this agreement and the above financial disclaimers.

Date

Signature

CONTACT LENS FEES

Contact lens evaluation services are not an included part of an eye health evaluation and vision assessment, and additional fees apply. Fees are established according to the complexity of the case and the estimated time necessary to care for the individual patient.

Fees for contact lens evaluation services range between \$75 and \$754. As with glasses, contact lens materials are an additional fee. My signature below verifies I understand the contact lens fees.

Date

Signature

REFRACTION FEE

The part of your evaluation that determines your prescription is called refraction. A refraction is also done under certain circumstances for diagnostic purposes. **If you have routine vision benefits such as VSP, your refraction is included with your exam benefits. Medical insurances that do not include routine vision benefits, such as Medicare, do not cover a refraction. The fee for a refraction is \$59.** My signature below verifies I understand the refraction fee.

Date

Signature

RETINAL IMAGING

As part of our preventative health care package we include digital images of the retina and optic nerve. Such images are very valuable in the early detection and/or diagnosis (ie glaucoma, macular degeneration, diabetic retinopathy, hypertensive retinopathy). **The fee for retinal imaging \$28.** In some cases, the fees may be covered by you Medical Insurance. My signature below verifies I understand the retinal imaging fee.

Date

Signature