

PRIVACY POLICY & FINANCIAL DISCLAIMERS

Name: _____

This notice applies to the following 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 healthcare operations involving our office. The 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 Walnut Creek Optometry Group or Vallejo Optometry Group

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. We do not participate in any HMO plans.

Liability

If I have medical insurance or routine vision benefits, I authorize my plan carrier to directly pay Walnut creek Optometry Group or Vallejo Optometry Group. I also authorize WCOG or VOG 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 of patient over 18 or parent of patient: _____

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 customized according to the complexity of the case and the predicted time necessary to care for the individual patient.

Fees for contact lens evaluation services range between \$65 and \$300 (please ask the staff to estimate your fee) . 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. Refraction is also done under certain circumstances for diagnostic purposes. ***If you have routine vision benefits such as VSP, EyeMed or Medical Eye Services, your refraction is typically included with your exam benefits. Medical insurances that do not include routine vision benefits, such as Medicare, do not cover refraction. The fee for refraction is \$50.***

My signature below verifies I understand the refraction fee.

Date: _____ Signature: _____