

IN FOCUS

FAMILY EYECARE

Acknowledgement of Pupil Dilation:

I understand that the Florida Board of Optometry requires optometrists to perform a dilated exam of the retina during the patient's comprehensive exam. I understand that the optometrist recommends it to more thoroughly evaluate the internal health of my eyes. Please indicate your preference:

_____ I wish to be dilated today if necessary **Required for New Patients**

_____ I would like to discuss the dilation with the doctor

_____ I refuse the dilation and agree to release InFocus Family Eyecare of any and all legal responsibility

OCT Retinal Exam:

The Ocular Coherence Tomographer, also known as the OCT retinal exam, is a scanning digital image of the retina, macula, and optic nerve. It allows the Doctor to better diagnose, treat, and follow changes to the retina over time. The OCT Retinal Exam is a "non-covered service" with most vision insurance plans, meaning the patient would be responsible for the charges. The Doctor highly recommends it for all patients once a year. The fee for the OCT is \$45.00

_____ I wish to have the OCT Retinal Exam

_____ I refuse the OCT Retinal Exam

*****PLEASE NOTE: Payment is expected at the time of service*****

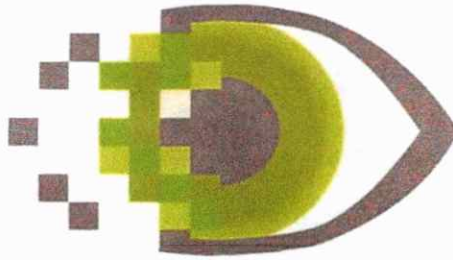
I certify that the information I provided is correct. I authorize the release of medical information necessary to process insurance claims to Medicare or any other insurance company. I authorize payment of medical payments to InFocus Family Eyecare for any services rendered to me by any doctors of InFocus Family Eyecare.

I understand that my insurance is a contract between my insurer and myself. I am responsible for understanding the terms of my policy, including deductibles, co-pays, co-insurance and referrals. I am responsible for obtaining any required referrals, and in absence of such, I will be held responsible for the cost of services provided.

Acknowledgement of HIPAA:

I acknowledge that I received a copy of InFocus Family Eyecare's Notice of Privacy Practices (HIPAA).

Signature of Guarantor _____ Date: _____



IN FOCUS FAMILY EYECARE

Vision Plans versus Medical Insurance- Explanation of Coverage

About Your Insurance

There are two types of health insurance that will help pay for your eye care services and optical products. You may have both types and InFocus Family Eyecare accepts most insurance plans in both categories: 1) Vision plans (such as VSP, EyeMed and others) and 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.
- Medical insurance must be used for medical eye care involving the diagnosis, management and treatment of eye health conditions such as: diabetes, dry eye, eye infections, cataracts, glaucoma, ocular allergy, etc...
- 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.
- 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.

Until a comprehensive eye exam has been completed, it is not possible to determine if a medical diagnosis exists that might require additional diagnostic testing and medical treatment. If a medical diagnosis is identified (or suspected) during the comprehensive eye exam and additional testing and treatment is medically indicated, InFocus Family Eyecare is required by our vision plan and medical insurance contractual relationships to submit the claim(s) to the appropriate carrier.

Medical Plans Only

When using your medical insurance such as Medicare, Aetna, and United Health Care etc... your refraction is not covered. We are considered a specialist and your specialist copay will apply, along with the refraction fee of \$30.00, and any other services not covered by your medical insurance.

Out of Network Plans

For the convenience of our patients, InFocus Family Eyecare participates with almost every major vision and medical insurance carrier. In the event that we do not participate with your medical or vision insurance, we are happy to provide you with an itemized receipt so that you may file with your insurance carrier and obtain reimbursement for out-of-network benefits. If you have any questions, please let us know.

Please provide your insurance cards to our staff member so we can make a copy. We need to have your medical insurance or Medicare card on file for future billings to your insurance. We will always notify you and get your approval before we bill any insurance plan.

I acknowledge understanding of the information above and authorize InFocus Family Eyecare to file claim(s) with my insurance(s) as appropriate.

Signature of Guarantor: _____ Date: _____



Contact Lens Prescription Signed Acknowledgment Form

Included below is important information to review prior to receiving your contact lens prescription.

The Center for Disease Control and Prevention (CDC) makes clear, "Contact lenses can provide many benefits, but they are not risk-free. Especially if contact lens wearers don't practice healthy habits and take care of their contact lenses and supplies. If patients seek care quickly, most complications can be easily treated by an eye doctor. However, more serious infections can cause pain and even permanent vision loss, depending on the cause and how long the patient waits to seek treatment."

The CDC recommends the following for contact lens wearers:

- Schedule a visit with your eye doctor at least once a year.
- Take out your contacts and call your eye doctor if you have eye pain, discomfort, redness, or blurry vision.
- Understand that eye infections that go untreated can lead to eye damage or even blindness.

The Food and Drug Administration (FDA) indicates:

- "To be sure that your eyes remain healthy you should not order lenses with a prescription that has expired or stock up on lenses right before the prescription is about to expire. It's safer to be re-checked by your eye care professional."

Symptoms of Eye infection include:

- Irritated, red eyes
- Worsening pain in or around the eyes-even after contact lens removal
- Light Sensitivity
- Sudden blurry vision
- Unusually watery eyes or discharge

Sign below to acknowledge and consent that you will be provided with an electronic copy of your contact lens prescription at the completion of your contact lens fitting.

Patient Signature: _____ Date: _____