NAME:_____

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 ClearVue Eye Care.**

DATE SIGNATURE

FINANCIAL DISCLAIMER

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. Clearvue Eye Care only participates in select HMO plans.

Liability

I understand that account balances and co-payments are due at time of service. If I have medical insurance or routine vision benefits, I authorize my plan carrier to pay ClearVue Eye Care directly. I authorize ClearVue 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 for the remaining balance.*** My signature below verifies that I understand the above financial disclaimers.

DATE SIGNATURE

CONTACT LENS PACKAGES AND FEES

Contact lens patients require additional diagnostic services every year. Fees for these services are NOT included in the annual eye health evaluation and are your responsibility when pursuing contact lenses as an option for vision correction, even if you decide not to wear contacts in the end. You are responsible for the costs of contact lens services today (in addition to your other routine exam costs). ***Fees for traditional contact lens evaluation services (not including lenses) range up to $240. Fees for CUSTOM contact lens services (not including lenses) can range up to $800. Some vision insurance plans provide small adjustments to these fees.***

DATE SIGNATURE

BASELINE OCULAR IMAGING

During your comprehensive exam we will be performing Baseline Ocular Imaging This technology involves capturing a high-resolution digital image of the interior portion of your eye, the retina. This provides us with a digital retinal fingerprint and serves as a baseline for eye-health comparison on future visits. It's the gold standard for preventative care and disease management. Typically, insurance plans do not cover the $39 fee. If you are concerned about this, feel free to discuss it with the doctor during your exam today.

DATE SIGNATURE

REFRACTION FEE

The part of your evaluation that determines your prescription is called a refraction. A refraction is also done under certain circumstances for diagnostic purposes. ***If you have basic, routine vision benefits (such as VSP) your refraction is typically included with your exam benefits. Medical insurances that do not include routine vision benefits (such as Medicare & others) do not cover a refraction. The fee for a refraction is $75.*** My signature below verifies I understand the refraction fee.

DATE SIGNATURE