

CITY EYES OPTOMETRY

Craig S. Steinberg, O.D., J.D., A.P.C.

Norman J. Steinberg, F.N.A.O.

- Eye Examinations
- Custom Contact Lenses
- Designer Eyeglasses
- Laser Surgery Co-management
- Treatment & Management of Eye Disease

4454 Van Nuys Blvd., Suite C
Van Nuys, California 91403
Telephone: (818) 981-2489
Facsimile: (818) 981-9702

FINANCIAL POLICY

Chart #

Thank you for choosing us as your eye care provider. We are committed to providing you with the finest quality service and materials available. In order to accomplish this we need you to understand your financial responsibility. The following is a statement of our Financial Policy which we require you to read and sign prior to any service.

REGARDING INSURANCE

Unless we are on a particular insurance panel, we do not accept assignment (payment) of insurance benefits. However, we will submit your paperwork to your insurance company on your behalf, provided that the bill is paid in full. We cannot bill you insurance unless you bring in all insurance information and or an original claim form. Please note that you insurance policy is a contract between you and your insurance company. We are not a party to that contract. Also, please be aware that some and perhaps all of the services provided may be non-covered and not considered reasonable and necessary under you particular insurance program.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the finest service available. We charge what is usual and customary for our area. You are responsible for payment regardless of any Insurance company's arbitrary determination of usual and customary fees.

THANK YOU FOR UNDERSTANDING OUR FINANCIAL POLICY.

I HAVE READ THE ABOVE FINANCIAL POLICY. I UNDERSTAND AND AGREE WITH ITS TERMS:

X

Signature of patient or Responsible party

DATE _____

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SERVICES AND FEES

WELL VISION CARE

Eye Examination-Well vision and glasses Rx.....	\$ 140.00
Refraction	\$ 35.00

CONTACT LENS SERVICES

Level 1 Contact lens evaluation & management.....	\$125.00
Sphere lens care	
Level 2 Contact lens evaluation & management.....	\$150.00
Toric lens and established mono-vision lens	
Level 3 Contact lens evaluation & management.....	\$175.00
Established multifocal lens	
Level 4 Contact lens evaluation & management.....	\$185.00
Initial mono-vision and multifocal care	
Level 5 Contact lens evaluation & management.....	\$250.00
Advanced lens design i.e. K-Conus	
Contact lens training for first time wearer.....	\$ 50.00

Medical Eye Care

Intermediate medical care exam.....	\$75.00-\$100.00
Comprehensive medical care exam.....	\$100.00-\$250.00
Visual Field testing.....	\$ 90.00
External / Internal Photography.....	\$85.00
Gonioscopy.....	\$85.00
Extended ophthalmoscopy per eye.....	\$50.00

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A Professional Corporation

- Eye Examinations
- Custom Contact Lenses
- Treatment of Eye Disease
- Refractive Surgery Consulting

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REGARDING VISIONCARE & MEDICAL INSURANCE

We often have patients that have both vision insurance (for example, VSP or EyeMed) and medical insurance (for example, Blue Cross, Aetna, Blue Shield, or Medicare). They are very different in terms of the services they cover, and it's important for our patients to understand these differences.

Vision insurance is designed mainly to cover determining a prescription for glasses, to help pay for glasses or contact lenses, and to cover a yearly routine evaluation of the health of the eyes in a healthy patient that has no particular problems or symptoms. It is not equipped to deal with and does not usually cover medical conditions, injuries, and/or treatments. **Medical insurance** is designed to cover you when you have a medical problem, including one that affects your eyes. Medical insurance does not cover routine services or examinations for glasses, or routine vision problems such as nearsightedness, farsightedness, and astigmatism. Those are only covered by your vision insurance.

When a medical diagnosis or medical condition is present that affects your eyes, such as high blood pressure, high cholesterol, or diabetes, to name just a few examples, or you have an eye disease or eye problem such as an infection (pink eye), dry eyes, allergy, or cataracts, again, just to name a few, we must file the claim with your **medical insurance**, and the co-pays and deductibles for that insurance will apply. Your vision plan does not cover these kinds of problems. Our office does not make these rules, they are made by the insurance companies themselves, and we must comply with them.

There is often no way to know prior to your examination which type of insurance will be the right one to file your claim with. We make every effort to join as many insurance panels, both medical and vision, as we can for your convenience. If we are on your insurance company's panel we will file those claims for you. In the event that we do not accept your medical or vision insurance we will provide you with an itemized receipt so that you may file a claim for reimbursement with your insurance company yourself. If you have any questions, please let us know.

I understand the information I've just read about the difference between vision and medical insurance. I authorize City Eyes Optometry to file my claim with the appropriate insurance based on the reason for my visit and the results of my examination.

Signed: _____

**ACKNOWLEDGMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

Patient Name: _____

Medical Record No. _____

Office Name: City Eyes Optometry Center

I have been given a copy of the Office’s Notice of Privacy Practices (“Notice”), which describes how my health information is used and shared. I understand that the Office has the right to change this Notice at any time. I may obtain a current copy by contacting the Office Privacy Official, or by visiting the Office web site at www.cityeyes.org.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:

Signature of Patient or Personal Representative

Date

Print Name

Personal Representative’s Title (e.g., Guardian, Executor of Estate, Etc.)

For Office Use Only: Complete this section if you are unable to obtain a signature.

1. If the patient or personal representative is unable or unwilling to sign this Acknowledgment, or the Acknowledgment is not signed for any other reason, state the reason:

2. Describe the steps taken to obtain the patient’s (or personal representatives) signature on the Acknowledgment:

Completed by:

Signature of Office Representative

Date

Print Name