

PRECISION EYE CENTER

Acknowledgement of Receipt of Notice of Privacy Practices (HIPPA)

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 our services, and to conduct healthcare operations involving our office. The Notice of Privacy Practices you have been given describes these uses and disclosures in detail.

I acknowledge that I have reviewed the Notice of Privacy Practices for Precision Eye Center and have received a copy upon request.

Patient Signature (guardian if under 18)

Date

About Your Insurance

There are two types of health insurance that will help pay for your eye care services and products. You may have both and our practice accepts both:

1. Vision care plans (such as VSP and EyeMed)
 2. Medical Insurance (such as BCBS and Medicare)
- Vision care plans ONLY cover routine vision exams and may cover some materials (such as glasses or contacts). Vision plans only cover a basic screening for eye disease. They do not cover diagnosis, management or treatment of eye diseases.
 - Medical insurance must be used if you have any eye health problem or systemic health problem that has ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by your case history.
 - If you have both types of insurance plans it may be necessary for us to bill some services to one plan and other services to the other. We will use coordination of benefits to do this properly and to minimize your out-of-pocket expense.
 - We will bill your insurance plan for services if we are a participating provider for that plan. We will try to obtain advanced authorization of your insurance benefits so we can tell you what is covered. If some fees are not paid by your plan, we may bill you for any unpaid deductibles, co-pays or non-covered services as allowed by the insurance contract.

I have read and agree with these policies.

Patient Signature (guardian if under 18)

Date

Insurance Signature on File

I certify that the information given by me in applying for insurance and/or Medicare payment is true and correct. I authorize my doctor to act as my agent in helping me obtain payment of my insurance and/or Medicare benefits and I authorize payment of these benefits directly to Precision Eye Center, OD, PLLC, on my behalf, for any services and materials furnished. I authorize any holder, of medical, information about me to release to the Centers for Medicare and Medicaid Services and it's agents, any information, needed to determine these benefits payable to related services. If I have other health insurance coverage (as indicated in item 9 of CMS-1500 Claim form or electronically submitted claim) my signature authorized release of the above medical information to the insurer or agency shown, and authorizes my doctor to act as my agent, as above.

Patient Signature (guardian if under 18)

Date



CONSENT FOR PUPIL DILATION & RETINAL PHOTOGRAPHY

INFORMATION REGARDING DILATING EYE DROPS

Dilating drops are used to enlarge the pupils of the eye to allow the doctor to obtain a better view of the inside of your eyes. Temporary light sensitivity and loss of the ability to focus at near are common side effects of dilation and usually subside within 3 to 6 hours after instillation of the drops. Distance vision is usually not affected. However, if you have any concerns about driving immediately following this procedure, arrangements can be made to reschedule for a more convenient time. Risks without test: Possibility of not detecting eye disease that could lead to blindness (i.e. glaucoma, retinal tears or disease, etc.). There is no additional fee for dilation.

_____ I ACCEPT recommendation _____ I DECLINE recommendation

INITIAL: _____

Precision Eye Care is pleased to offer DIGITAL RETINAL PHOTOGRAPHY as an extension to our comprehensive eye health and vision examinations. This is a quick, painless procedure that uses advanced digital photography to document the important anatomical structures of the back of the eye WITHOUT the use of dilating drops. This instrument provides important diagnostic information for Dr. Ly and the results will be shared with you during your exam. They will become a permanent part of your electronic medical record in our office and form a baseline to track any subtle changes from year to year. **There is an additional fee of \$35 for retinal photography.** In certain cases, the photos may be medically necessary and will be filed to insurance.

WE HIGHLY RECOMMEND THIS PROCEDURE FOR ALL OF OUR PATIENTS

_____ I ACCEPT recommendation _____ I DECLINE recommendation

INITIAL: _____