




Acknowledgement of Receipt of HIPAA Notice of Privacy Practices

Initial  _____ I have been presented with the Notice of Privacy Policy of Focus Eye Care, P.C. and have been offered a copy of the policy to keep for my own records.

Contact Lens Fit and Evaluation Policy

A contact lens evaluation fee is charged to the patient on an annual basis. Contact lenses are medical devices which require ongoing evaluation to ensure safe and comfortable wear. This service is in addition to your annual comprehensive examination and the charge is determined by the level of fit being done. This fee includes up to 60 days of follow up visits. After this a new charge will be applied for the service. The contact lens evaluation must occur within 90 days of the original exam or a new exam fee will be charged as well as the contact lens evaluation fee. Contact lens exam fees are non-refundable even if the patient chooses to not continue with contact lenses for any reason. Exceptions to this policy are at the discretion of our office.

Sign below to indicate that you were provided with a copy of your contact lens prescription (either printed or via email) at the completion of your contact lens fitting or once your prescription has been finalized.

Signature: _____ Date: _____

Office Policy on Insurance Billing

Patients often have both medical insurance and vision plans and it is important to understand the differences. Vision plans do not cover medical eye problems, just as most medical insurance does not cover routine vision problems.

Vision Plans

- Program that discounts the amount a patient pays for a well-visit eye examination
- Discount is based on the contract dictated by the plan
- Helps to pay for glasses and/or contacts

Medical Insurance

- Covers exams where any medical condition may affect the eyes is evaluated
- Examples of these conditions: Diabetes, infections, dry eyes, allergies, cataracts, glaucoma, and other eye diseases
- Some medical insurances do provide coverage for well-visit eye examinations

All sales on eye examinations are final. No refunds on services.

I understand all of the information above and authorize Focus Eye Care, P.C. to file a claim with my insurance.

Patient/Guardian Signature _____ Date _____