ROCHESTER EYE CARE

Consent to Health Care Services

I authorize Rochester Eye Care's providers to perform any and all forms of diagnostic tests, treatments, medication and therapy. I consent to the doctor's employing assistance as he or she deems fit.

Records Release

I authorize Rochester Eye Care to release any information, including diagnosis and all records of treatment concerning my past and current medical history and billing information to my insurance company and other providers involved in my care.

Dilating Eye Drops

I acknowledge that dilating drops maybe used to dilate (enlarge) the pupils of the eye to allow the doctor to get a better view of the inside of your eye. This may cause blurred vision or sensitivity to bright lights but varies with each individual. Adverse reaction such as acute angle-closure glaucoma may be triggered from the dilating drops. This is extremely rare but treatable with immediate medical attention. I authorize my eye physician and/or technical assistants to administer dilating eye drops.

Financial Policy

When you come in for the purpose of an eye examination and have no complaints or medical problems, the visit is considered routine. If during your examination, medical concerns with your eyes are found, additional services to evaluate your condition maybe performed and billed medically. If an evaluation of a symptom, medical concern, or medical condition such as, but not limited to cataracts, glaucoma, diabetes and macular degeneration is performed, the visit is no longer considered routine and rather is considered a medical visit. Some insurance plans cover only routine exams while others cover only medical reasons for a visit. If the doctor performs refraction to determine your glasses prescription this may not be a covered service by most medical insurance plans and a refraction fee of $50.00 will be charged. It is your responsibility to understand your insurance coverage. Any exam or procedure not covered by your insurance is your responsibility. Please inform us of any insurance changes. We will submit your claim to your insurance company. If your claim is not paid in 90 days, we will transfer the balance to your for payment. You can also submit your paid receipt to your insurance company for reimbursement. After the insurance company has determined its portion regarding the policy you have set up, the balance is your responsibility. This includes any non-covered services, yearly deductibles or co-pays. We do understand that occasionally circumstances do occur and that you may need a payment plan. If this is your situation, please contact our office as soon as you receive your first statement/bill so that acceptable arrangements can be made. Communication and cooperation is very important to avoid an unpaid balance where additional late fees will incur. A $35.00 fee will apply to all checks returned due to non-sufficient funds. If your statement remains unpaid after 90 days, this account will be turned over to a collection agency. We are happy to answer questions you have regarding billing and insurance.

Notice of Privacy Practices – HIPAA Privacy Rule

I acknowledge that I have reviewed Rochester Eye Care's Notice of Privacy Practices. A personal copy is available upon request.

HIPAA Release

I authorize Rochester Eye care to share my personal health information with the following parties.

Name_____ Relationship to Patient _____
Name_____ Relationship to Patient _____
Name_____ Relationship to Patient _____

By signing below, you are agreeing to all of Rochester Eye Care's policies and procedures. I accept the terms of use of this document.

Signature_____ Responsible Party Signature _____

Date _____