

MANALLOOR EYE CARE

OFFICE & FINANCIAL POLICIES

OFFICE VISITS for the diagnosis and treatment of eye disorders, either upon initial presentation or otherwise following the initial exam, is a separate billable service. While treatment of eye diseases is not covered by vision insurances, it is usually covered by primary health insurances, including Medicare. 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 plan. We will follow a procedure called coordination of benefits to do this properly, in order to minimize your out-of-pocket expense. If you do not have medical insurance, office visits can range from \$40-\$75 depending on the severity of condition and can only be determined after you have been evaluated by the doctor.

CONTACT LENS EVALUATION & FITTINGS Contact lenses are prescribed medical devices that require a yearly evaluation and written prescription in order for you to “refill” your contact lenses. They may or may not be covered by your vision insurance and usually are not covered by your primary health insurance, including Medicare. Contact lens evaluations and fitting charges will depend on the complexity of the prescription and can range from \$50-\$90. First time contact lens fittings will be charged a \$10 fee for insertion and removal training. Any subsequent follow-ups to refine the contact lens prescription are included at no charge for 90 days, or up to five follow-up visits, unless otherwise stated at the time of examination. Follow ups to refine the prescription after the 90 day period will be an additional \$30 per visit. I acknowledge that, by the completion of my contact lens fitting/evaluation, I will have received a copy of my contact lens prescription (unless otherwise specified by me).

WE PREFER TO DILATE

When indicated, pupillary dilation improves our doctor's ability to examine the internal structures of the eye for signs of disease, which is important for your health and well-being. Normal side effects usually last 2 to 4 hours, and they include sensitivity to bright light (for which disposable eye shades are provided upon request) and difficulty focusing on near objects. Normally, your distance vision is not affected very much, and it is possible to drive safely after dilation if you currently have fairly up-to-date prescription eyeglasses or contact lenses.

PATIENTS MAY REFUSE

Patients reserve the right to refuse any test or diagnostic procedure recommended. If a patient refuses, however, he or she assumes all of the risk for potentially not detecting, and thereby treating in a timely manner, any serious eye conditions.

PATIENTS MAY RESCHEDULE

Some patients prefer to reschedule their dilated retinal exam for a different day and time to minimize visual side-effects upon their return to work or school. We will be happy to schedule a second appointment at a later time for this purpose, privately charging an additional fee of **\$25.00**. There is absolutely NO ADDITIONAL CHARGE if we complete the dilated retinal exam during your initially scheduled comprehensive eye examination.

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Acknowledgement of Office and Financial Policies

1. I have read the consent above and understand it. I consent to the use and disclosure of my health information for purposes of treatment, payment, and health care operations.
2. I understand all fees of services rendered are due and payable at the time of service.
3. In the event my insurance provider determines that I am not eligible for vision insurance coverage or eligible for a reduced level of coverage, I hereby agree to be financially responsible for any and all charges incurred by me and not paid by my insurance provider.
4. I understand fees paid for services are non-refundable.
5. In the case of dilation refusal, I understand that the doctor may not be able to detect cases in which the retina is diseased, physically compromised, or harboring cancerous growths. As such, early detection and diagnosis of certain eye conditions, along with timely and effective treatment, may not be possible. I accept all risk for the possibility of not detecting these eye conditions without pupillary dilation, and I understand that these conditions may result in permanent blindness, or even death.

Signature

Date