

Patients Name: _____

Authorization: Please read and SIGN below

I authorize the doctor to release any information including diagnosis, records of treatment, or examinations rendered to me, my spouse, or my child during the period of such eye care to 3rd party payers and/or health practitioners. I authorize and request my insurance company to pay directly to the eye doctor or group insurance benefits otherwise payable to me. I understand my insurance may pay less than the actual billed amount of services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

Consent of Treatment: I hereby grant my authorization and consent for medical treatment and procedures for myself and/or minor children and certify that no guarantee or assurance has been made as the results which may be obtained.

AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION:

I authorize Camden Eye Care doctors and staff to disclose information regarding my medical treatment, diagnosis and information regarding my financial account with the following designated individuals or organizations.

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Optomap Retinal Exam: Our doctors highly recommend that you have an Optomap Retinal Exam. The Optomap is a comprehensive method of evaluating, monitoring, and helping treat various eye conditions. There will be a \$30.00 charge for this service that insurance will not cover.

() Approved Optomap

() Not Sure – Need to Discuss

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Dr. Tonya Reynoldson, Dr. Michelle Harrison, and Dr. Emma Scott are committed to caring for our patient's complete ocular health. Patients will receive a **COMPLETE EYE HEALTH EXAMINATION**. Our doctors are trained to diagnose and treat most ocular diseases.

As a courtesy to our patients, we are happy to file with you insurance company. **NOTE:** The patient is responsible for any co-pays and/or deductibles which your insurance requires.

Routine Vision Exams will be filed with a patient's Vision Plan, if you have one. A routine exam means there is not a medical diagnosis. Routine diagnosis is myopia (near-sightedness), hyperopia (far-sightedness), astigmatism, and presbyopia.

If a medical diagnosis (cataracts, glaucoma suspect, glaucoma, diabetes, pink eye-conjunctivitis, foreign body, etc.) is determined by the doctor, the patient's exam is no longer routine, but medical. This means we will bill your Health (Medical) insurance. We request a copy of your medical card in your chart for these reasons.

I have read and understand when my Vision Insurance will be billed and when my Medical Insurance will be billed by Camden Eye Care Associates.

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I have been presented a copy of the HIPPA Privacy Act. I have read it and understand the content. I know that any time I can request my personal copy. I have read and understand all of the above information.

Signature of Patient or Guardian

Relationship (If not patient)

Date