

Specs 20/20 Patient Responsibilities

Insurance Billing Patient Responsibility:

As a courtesy, Specs 20/20 accepts assignment benefits for primary and secondary insurance. It is your responsibility to provide our office with complete and accurate insurance or billing information at the time of service. Our office cannot guarantee the amount that an insurance company will pay. Your insurance is a contract between you and the insurance company, and we are not a party to this contract. Disputes with insurance companies are the responsibility of the insured. We have no control over the terms of your contract, the method of reimbursement, or the determination of benefits. You agree to be responsible for payment of all services rendered. Our office will file your insurance a maximum of two times per appointment. We request that you pay your estimated portion when services are rendered. Any amount not covered by insurance or any difference in the estimated portion is the patient's responsibility. For your convenience we accept MasterCard, Visa, Discover, American Express, Care Credit, Apple/Google Pay formats, checks, and cash. There is a monthly maintenance fee of \$5.00 on account balances over 60 days old. There is a \$35.00 fee for checks returned by the bank.

Contact Lens Agreement:

I understand my contact lens fitting fee is valid for 45 days from the date of the exam. This fee covers the cost of the contact lens prescription, diagnostic fit evaluation, yearly reevaluation, initial trial lenses, necessary new-user instructions, and all related follow-up care for 45 days. Subsequent visits are subject to regular office visit charges. Professional fees are non-refundable. The undersigned acknowledges understanding of the risks and benefits of the stated policies. The undersigned also understands that Contact Lens Wear is not without risk of eye infection and vision loss, and that back up glasses are needed when contact lens wear is not acceptable or providing for appropriate visual function.

Acknowledgement of Receipt of HIPAA Privacy Policies and Practices:

We at Specs 20/20 are required by federal law to maintain the privacy of and provide individuals with the attached notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this Notice, please ask to speak with our HIPAA Compliance Officer in person or by phone. If you would like a copy of the Notice, please ask.

I have read, understand, and agree to the Insurance Billing Patient Responsibility, Contact Lens Agreement (if applicable), the Acknowledgement of Receipt of HIPAA Privacy Policies and Practices and authorize Specs 20/20 to discuss/share PHI about me with the following designee:

Patient or Representative Name: _____

Relationship to patient: _____

Designee Name: _____ Relationship: _____

Phone Number: _____

This authorization shall remain in effect until revoked in writing by the patient. Submitting a new form will revoke existing form.

Signature: _____

Date _____