

OPTIC GALLERY

Family Eye Care

Quality Eye Care Serving the Las Vegas Valley



Patient Privacy Notice Summary:

Earning and maintaining your trust and safeguarding your privacy is the cornerstone of our patient relationship with you. The protection of your privacy is a key part of maintaining your trust. This has been a fundamental operating principle of Optic Gallery Henderson LLC since our founding and remains so today. This Patient Privacy Notice Summary lets you know we have safeguards that comply with federal guidelines to protect patient information. Our employees are bound by our policies to access patient information only for legitimate clinical and/or business purposes and to keep such information confidential at all times. We pledge to do all we can to protect your privacy. If you have any questions about our Privacy Policy, or about how your information is preserved, safeguarded, or used, please contact our Compliance Officer, Dr. Joseph Lao at (702) 888-1079.

Medical Services:

I hereby authorize and consent to medical treatment by Optic Henderson LLC for myself. I authorize Optic Gallery Henderson LLC to release my medical information to my family doctor and to any insurance company, adjuster, attorney, authorized agent working on my behalf of Optic Gallery Henderson LLC. or other authorized party. I understand that I am responsible for payment of all vision and medical treatments rendered to me by Optic Gallery Henderson LLC and I agree to pay all co-payments, deductibles and non-covered service fees in full at the time of the visit. I understand that, as a courtesy to me, Optic Gallery Henderson LLC. will file a claim with my insurance carrier, and I authorize payment directly to Optic Gallery Henderson LLC . for the benefits otherwise payable to me under the terms of my insurance. I understand that I am responsible for maintaining my current coverage information, to meet filing deadlines and for the payment of any remaining balance after payment from my insurance carrier. I authorize pertinent medical information about me to determine insurance benefits and billing to be released to the health care financing or other insurance agencies. I understand that should my financial account become delinquent, it will be sent to collections where I will be responsible for any collections fees, attorney fees, and court costs. **I UNDERSTAND I AM RESPONSIBLE FOR ANY CHARGES NOT COVERED BY MY INSURANCE COMPANY. It is the policy of this office to require: 1) Payment in full or at least one-half before the order can be placed. 2) The balance of the fee must be paid at the time the order is dispensed. I also understand that all eyewear, services, and supply sales are final and there will be no refunds issued.**

Digital Retinal Photography (DRP):

The D.R.P is a digital view of the back of your eye in a high definition picture format, which is saved into your patient file in our office. This scan can be viewed immediately and examined by the Doctor during your exam. The D.R.P allows the Doctor a much wider field of view than most traditional retinal exams. We save your photos onto our computer as it serves as documentation of the current condition of your eyes which can aid in the tracking of any changes over the years should anything occur in the future. The Doctor strongly recommends that the patients of our office have this procedure done to allow him/her to utilize all tools

available to assess the health of the eyes, especially if any of the following apply: diabetes, cataracts, high blood pressure, frequent or severe headaches, high nearsightedness, symptoms of flashes or floaters, personal or family history of glaucoma, or if you are over the age of 40. The entire procedure takes less than five minutes to complete in most cases. There are no side effects to this procedure like those normally associated with dilation. **The charge for this procedure is \$30.00** and it is not covered by most insurances. If you have any further questions or concerns, the doctor will be happy to address those with you during the exam.

Contact Lens Evaluation Fees:

Contact lenses are medical devices that require a comprehensive vision and eye health evaluation before they are prescribed in order to determine that contact lenses can be worn safely for the following 12-month period. **The contact lens evaluation fees collected at the initial exam will cover any necessary follow-up visits within 60 days from the contact lens evaluation** to ensure you are completely satisfied with the vision and comfort of your contact lenses. The out of pocket cost for this service is \$150.00, but a portion may be covered depending on your insurance coverage.
