

CRYSTAL OPTICAL

To give our Patients a better understanding of our office policy and to avoid any misunderstanding of services received, please read and sign the following:

Crystal Optical PLLC, our doctors and our employees are required by law to follow proper coding and billing guidelines for eye examinations. Your medical insurance will not pay for a routine eye examination or refraction charges and your Vision Plan will not pay for medical conditions or problems.

Your Vision Plan provides you with a "Well Vision" examination. This assumes healthy eyes that only suffer from focusing problems like: nearsightedness, farsightedness, astigmatism and presbyopia that evaluate your needs for a prescription.

YOUR VISION PLAN WILL ONLY PAY THE EXAM IF THERE IS NOTHING WRONG WITH THE HEALTH OF YOUR EYES.

The following conditions: dry eyes, red eyes, blepharitis, allergies, contact lens complications, cataracts, floaters, optic nerve disorders, retinal problems, diabetes etc. are coded and billed medically.

Special Note – For Medical Examinations, Medicare and insurance carriers do not cover the cost of the refraction (prescription) portion of the examination. Crystal Optical charges a minimum amount of \$33 that patients will be responsible for at the time of service if you would like a prescription. If you have a Medicare Supplement Plan it usually will cover the cost of any deductibles, copayments and co-insurance but does not usually cover the cost of the refraction charge.

The Doctor may find necessary to bill your exam medically as well as order additional tests. You will be notified during the course of the exam by the Doctor if medical billing is necessary. **Exams billed medically are NOT covered under your Routine Eye Exam benefits or the Vision Insurance Plan. If a medical issue exists, your exam will be billed medically through your Medical Insurance Carrier and are subject to their specific copays, deductibles, and co-insurance which will be due at the time of service.** I understand it is my responsibility to immediately inform the Doctor so that she/he can refer me to the appropriate Doctor or Specialist for any medical concerns.

Financial Acknowledgements

I hereby authorize any person/institution rendering me care to furnish all facts concerning this claim. I authorize payment for my vision benefits to go directly to Crystal Optical. I authorize Crystal Optical to deposit checks received on my account made out to me for services rendered. **I agree that if my employer, insurance carrier or plan sponsor denies payment to all or any portion of my claim, I will be financially responsible for all outstanding charges.** In the event it should become necessary to place any unpaid balance due to services rendered to me or my family for collection, I/We agree to pay interest at the rate of 1.5% per month/ 18% per year, collection fees, and should legal action to be filed, reasonable attorney fees, filing fees, and other costs the court determines proper. I have read the "Conditions of Service" that was supplied to you, and as the Patient, or the Patient's authorized representative or General Agent for the purpose of signing this document, hereby accept its terms. Authorization obtained at time of service does NOT guarantee payment and any denied services will be a balance billed to the patient.

Patient/Guardian Signature: _____ Date: _____

HIPPA Notice and Acknowledgment

Acknowledgment: I acknowledge I have received and read the Notice of Privacy Practices _____

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Patient Sign Off For Declining Dilation

Crystal Optical shares the philosophy that a dilated eye examination allows for a much more comprehensive look at the internal segment of the patient's eye. The iris's normal response to bright light is to constrict, making the pupil smaller, reducing the "viewing area" for the doctor. By using a topical muscle relaxant, the muscles that control the pupillary reflex are temporarily disabled, prevent the iris from constricting and actually causes the pupil to dilate. This allows the doctor a much larger viewing area. Listed below are the criteria which warrant a dilated examination:

All first time patients	Sudden vision loss (full or partial)
Cataracts	High Myopia (greater than -4.00)
All diabetics	Hypertensive patients (High blood pressure)
Any systemic disease	Collagen Vascular Disease (Lupus)
Aphakia or Pseudophakia	Ocular injury or history of head trauma
Family history of retinal disease	Abnormal pupil reflex
Patients over 40 years of age	Reduced VA without any apparent reason
Symptoms of Flashes or floaters	History of Cancer
Taking Certain Medications: Plaquinel, Prednisone, Thorazine, etc)	

Please advise the Doctor if you have experienced adverse side effects from being dilated.

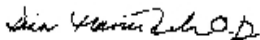
Dilating your eyes makes the pupils unusually large and you will have blurring of your vision for approximately 3 to 6 hours, especially things that are close to you. However, your near vision will improve in 1 to 2 hours. Please be aware your eyes will be sensitive to sunlight. Post mydriatic shades will be provided to you. Side effects from dilation drops rarely occur, but if you experience any pain in/around your eyes, hazy vision, halos around the lights, or a sick feeling, please contact your eye doctor immediately or seek care at the ER/Urgent Care.

Patient Decline Statement

I have read the above and understand that if I fall under any of the above criteria that Crystal Optical Doctors **strongly recommend** that I be dilated. I understand that by declining to be dilated the Doctor can not get a full view of my eyes. I am declining to be dilated.

_____ Date _____

Patient Signature or Guardian



_____ Date _____

Doctor's Verification of Patient's Decline