

**PLEASE READ THIS ELECTRONIC SIGNATURE CONSENT BEFORE YOU PROCEED.**

Your electronic signature shall have the same force and effect as an original signature and shall be deemed

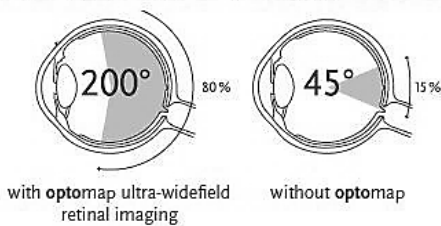
(i) to be "written" or "in writing" or an "electronic record"

(ii) to have been signed and

(iii) to constitute a record established and maintained in the ordinary course of business and an original written record when printed from electronic files. Such paper copies or "printouts," if introduced as evidence in any judicial, arbitral, mediation or administrative proceeding, will be admissible as between the parties to the same extent and under the same conditions as other original business records created and maintained in documentary form.

**Retinal Examination:**

- An important part of your eye exam, is the retinal evaluation. It enables the doctor to evaluate the health of your body by looking at the blood vessels, nerves, and other layers inside your eye.
- This evaluation is recommended once a year for all patients.
- The doctor requires this test for
  - Patients with vascular diseases (Diabetes, High Blood Pressure, High Cholesterol)
  - Patients with high myopic prescriptions (Over - 4.00)
  - Patients over 40 years of age.
  - Patients using medications that have ocular side effects (e.g. Plaquenil, Ethambutol, Topamax, Flomax, Blood Thinners, and herbal supplements)
- You may either get your eyes dilated using eye drops, or use the OPTOMAP retinal imaging system. [The OPTOMAP Imaging System](#) is a fast, Comfortable, and Painless digital imaging of the retina without the use of eye drops:



**Please select one of these two options:**

- I would like [Optomap retinal imaging](#). I agree to the **\$39.00 fee** for service. I understand that this new technology is not covered by my insurance. Reduced to **\$29.00** for returning patients.
- I prefer dilation with eye drops. I understand that my near vision will be blurry, and my eyes may be light sensitive for up to 6 hours. I understand that I am not supposed to drive more than 3 miles, or operate any machinery until I feel like my vision has suitably recovered.

ELECTRONIC SIGNATURE (Guardian if under 18 years of age):

DATE:

### **Examination and Billing Protocols**

- Payment is due in full at the time of service and purchase.
- Payments made toward services offered at Elite Family Vision and Richmond Eye Experts are non-refundable.
- You must present your insurance information before or on the day of your visit. The decision to bill your vision insurance vs. your medical insurance depends on the reason for your visit and severity of eye condition when you present for your exam.
- Your comprehensive eye exam will be conducted at the time of your appointment. Declining the internal eye exam will require a signed consent and is NOT ADVISED.
- Contact Lens exams may require follow up exams on a separate date for no extra charge. Follow up exams should be maintained as scheduled, and prescriptions should be finalized within 30 days of the initial visit. If the process takes longer due to noncompliance with follow up exams, then there will be an additional contact lens examination fee payable by the patient.

### **Optical Policies – Richmond location only**

- If you are not comfortable with your glasses, we will do one free prescription recheck and remake within 30 days of the initial eye exam. There will be a \$35.00 refraction fee for prescription verifications after 30 days of the visit. There will be a \$50 remake fee after 30 days of the visit. Rechecks and Remakes will NOT be provided after 6 months of the exam. This will be considered a complete exam.
- A \$25 Warranty is available for your eye wear purchase. This warranty will cover ONE replacement of frames and/or lenses with applicable copays. Please ask associate for details.
- Payments made toward Eyewear offered at Richmond Eye Experts are non-refundable. These are custom made and not returnable.
- If you wish to change your frame, there will be an additional charge of \$100.00 plus the cost difference between the frames.
- If you wish to change your lens treatments, a new lens will be provided at a discounted rate.

### **Patient Owned Frames – Richmond location only**

- We are not liable for any damage that your frame may incur. We can only guarantee the quality and durability of the frames from our optical. We recommend a frame from our in-house collection which will be warranted for breaks or damage. Used, old, or non-optical frames are more likely to bend or break during lens insertion.
- Your frame may be discontinued by the manufacturer in which case we will not be able to order the same one for replacement.
- If your frame breaks during handling, new lenses will be provided at a discounted rate. The purchase of the new frame will be at your expense.

### **Notice of Privacy Practices: PLEASE READ CAREFULLY**

- We will use your health information for referrals to other physicians for your continued care, to provide appointment reminders, prescribe or recommend treatment alternatives, and provide information about health benefits and services that may be of interest to you.
- We will email your prescriptions and referrals to the email address you have provided on this form. Please notify us if you would like us to mail this to your physical address instead.

- Please review the complete notice at this link: [VIEW PATIENT PRIVACY POLICY](#). Signing this document acknowledges that you were offered the opportunity to review this policy.

**Authorization and Consent: PLEASE READ CAREFULLY**

- I certify that I have filled out the patient information form accurately and to the best of my knowledge.
- I authorize the eye doctor to release any information including the diagnosis and records of any care rendered to me, to third party payers/ health practitioners for the purposes of checking eligibilities, payment or continued care.
- I attest that the address, phone number, and email address provided is mine, and Elite Family Vision or Richmond Eye Experts can contact me to remind me of appointments, mail patient information including prescriptions, Optomap images, and balance payable notices to any of the above.
- I authorize and request my insurance company to pay directly to the eye doctor, the benefits otherwise payable to me.
- I understand that my insurance carrier may pay less than what is billed, and I may be responsible for uncovered balances, copays, coinsurance payments or deductibles that are not covered under insurance contracted amounts.
- I understand that if the insurance company accidentally pays me directly for the services, I will issue a payment to the billing facility.
- I understand that I will not receive prompt pay discounts or special pricing when I use my insurance for payment toward the eye exam.
- I understand that there are no refunds for professional services rendered. Prescription glasses are custom made products, and as such, once the order is transmitted to our lab, it cannot be cancelled or refunded at any time.
- I hereby authorize Elite Family Vision PLLC or Eye Experts PLLC DBA Richmond Eye Experts to bill my vision and/or medical insurance on my behalf and collect payment for services rendered.
- My balances may be forwarded to a collection agency if not paid after three attempts to contact me via phone, email or certified mail.
- I understand that this office is HIPAA compliant and acknowledge that the HIPAA policies are available to be read if requested. This authorization and consent to use my Protected Health Information is valid for 6 years until revoked in writing.
- I understand that Richmond Eye Experts may refuse treatment if I do not consent to the above protocols, notices, and authorizations.

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