

HIPAA Privacy Authorization Form

Authorization for Use or Disclosure of Protected Health Information (required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)

I authorize the release of any medical information acquired in the course of my examination or treatment to process insurance claims or further treatment to a referred doctor. I am providing this in compliance with HIPAA regulations.

I understand that I have the right to revoke this authorization, in writing, at any time.

I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization, or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

INSURANCE AUTHORIZATION

By agreeing to this section, you are assigning your insurance benefits to:

Vision Life OD

Please note: In the event that benefits are not paid or not paid in full by the insurance carrier, the entire balance or remaining balance is your financial responsibility.

Contact Lens Assessment Agreement Form:

The contact lens portion of your exam may not be covered fully by your vision insurance. Every year the doctor **MUST** evaluate your corneal health and contact lens fitting along with checking for any changes in prescription.

Contact lens fitting fees vary depending on your prescription. These fees cover the initial fitting process, trial lenses, and any follow up visits for up to **3 months or 90 days**. Any changes needing to be made after 90 will incur in a new evaluation fee.

Fitting fees are due at your initial fitting appointment.

Contact Lens Evaluation Fees:

Spherical: \$100

Toric/Astigmatism: \$120

Multifocal: \$150

Specialty/Custom: \$200+

Contact Lens Training Fee: \$20.00

Contact Lens Prescriptions:

Your prescription is valid for one year from the date of your contact lens evaluation. Contact lens prescriptions are not the same as glasses prescriptions. This Federal Guideline is managed by The Fairness to Contact Lens Act (Pub.L. 108-164, 117 Stat. 2025, 2026, 2027, 2028 and 2029, codified at 15 U.S.C. ch.102 et seq.), also known as FCLCA).

**All examination fees and open balances must be paid before we will release your prescription.*

I have been informed of the contact lens assessment fee's and procedures and give my consent.

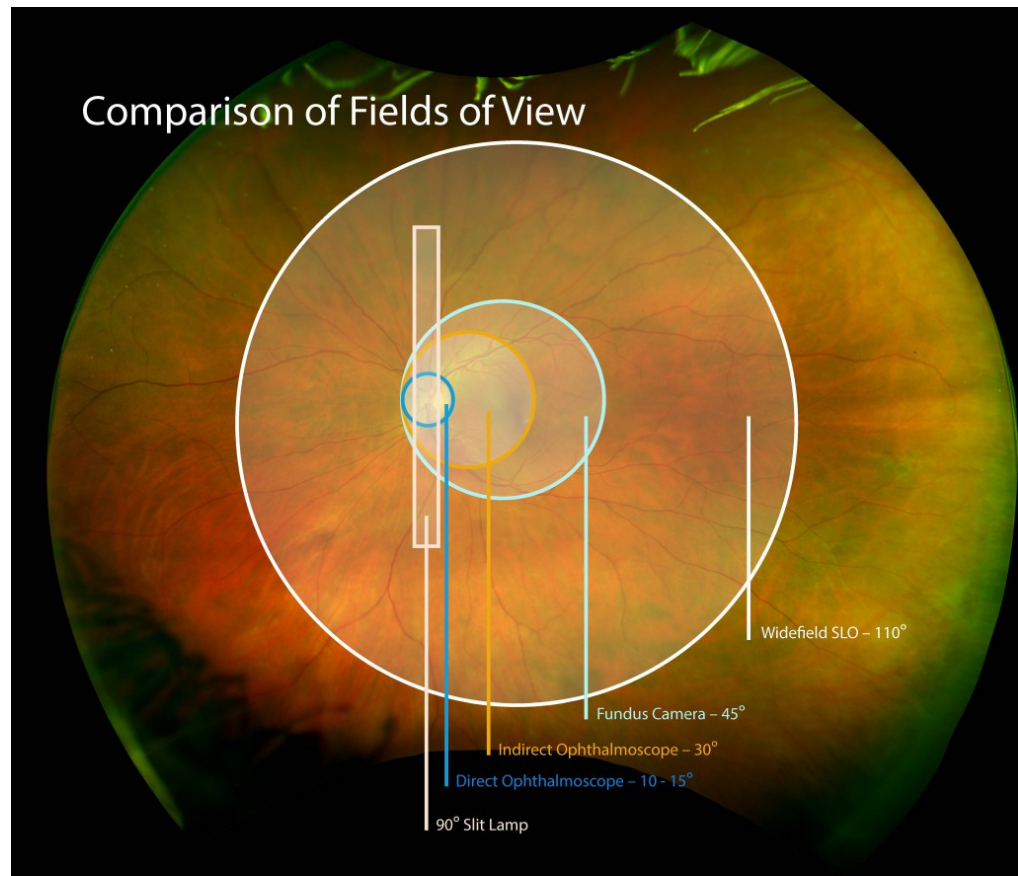
I will have access to my contact lens prescription through my patient portal. I can request a physical copy of my finalized prescription today or I am taking my contact lens trials home to try and it is my responsibility to call the office to finalize my prescription. I will then receive a copy of my prescription via my patient portal.

Optomap® Retinal Exam:

The Optomap (digital image of the retina) is a **no drop procedure**.

We do the Optomap annually on all of our patients.

The fee is **\$35.00** (normally \$39.00 with insurance.)



The Optomap helps provide a wide-field image of your retina. Retinal conditions such as glaucoma, macular degeneration, retinal detachments, retinal holes, diabetic retinopathy, and tumors can be seen without the use of dilation for most patients.

Early Detection Is Crucial!

In some cases we may still need to dilate your eyes. We will always discuss dilation with you before instilling any drops.

I understand I am responsible for the \$35.00 Optos Retinal Imaging Fee today.