

ACKNOWLEDGEMENT OF RECEIPT OF HIPPA PRIVACY PRACTICES

In the course of providing eye care services to you, we create, receive and store health information which identifies you. It is often necessary to use and disclose this information in order to provide treatment, obtain payment, and conduct our healthcare operations. The provided Notice of Privacy Practices describes the use of your healthcare information in our office.

I acknowledge that I have received a copy of Sisson-Boyer Eyecare, LLC Notice of Privacy Practices.

Signature of Patient or Legal Guardian _____ Date _____

I acknowledge that I have been informed of the Notice of Privacy Practices and have elected NOT to receive a copy.

Signature of Patient or Legal Guardian _____ Date _____

SISSON-BOYER EYECARE, LLC FINANCIAL POLICY

Insurance Coverage: Our office participates with certain Vision Care Plans ("VCP") and most medical insurance plans. VCP's cover only routine vision examinations and may cover materials such as eyeglasses or contact lenses. VCP's only cover a basic eye health screening, however they do not cover the diagnosis, management and treatment of ocular disease.

Medical insurance must be billed if our doctor is treating a medical eye problem or managing the ocular effects of a systemic health problem. The doctor will determine if a medical condition applies to you, based on his/her findings as well as your case history.

If you have both VCP and medical insurance, it may become necessary for our office to bill some services to one plan and other services to another plan. We will use coordination of benefits to properly receive payment in order to minimize your out-of-pocket expense.

We will bill your insurance plan if we are participating providers for that plans. We will attempt to obtain prior authorization of your insurance benefits to determine what is covered. Any fees not paid by your plan, such as deductibles, co pays and non-covered services as allowed by your insurance plan, become the responsibility of the patient and will be billed to you.

When ordering spectacles or contact lenses, we expect payment at the time of the order. Spectacles are "tailor-made" and fit your refractive status and facial structure. Therefore, eyeglasses are not "returnable". In the event that you have difficulty adapting to your new eyeglasses, the doctor may need to adjust your prescription. Any changes must be made within 45 days from the original spectacle order date.

Examination for spectacles and contact lenses are distinct processes. If you desire both exams at your visit, you will be assessed a contact lens evaluation fee for the contact lens exam. We will submit this charge to your VCP, however if this charge is determined to be a "non-covered" service, you will be responsible for the charge.

I have read and agree to abide by the policies set forth by Sisson-Boyer Eyecare, LLC.

Patient Signature _____ Date _____

INSURANCE SIGNATURE ON FILE

I certify that the information given by me in applying for insurance and/or Medicare payment is true and correct. I authorize my doctor to act as my agent in helping me obtain payment of my insurance and/or Medicare benefits, and I request that payment of these benefits be made either to me or on my behalf to Sisson-Boyer Eyecare, LLC for any services and materials furnished. I authorize any holder of medical information about me to release to the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits payable to related services. If I have other health insurance coverage (as indicated in Item 9 of the HCFA-1500 claim form or electronically submitted claim), my signature authorizes release of the above medical information to the insurer or agency shown, and authorizes my doctor to act as my agent, as above.

Patient Signature _____ Date _____