

Griffin & Reed Eye Care

ABOUT YOUR CHARGES & YOUR PRIVACY

This is a **Medical** office dedicated to the health of your eyes. As a part of our comprehensive eye exam, we can also provide vision services that includes a prescription for glasses and contact lenses. **Vision Services are typically not covered by your Medical Insurance.** A separate **Vision Insurance Plan** typically covers the fees listed below.

Fees not covered by Medical Insurance Plans:

- Prescription for Glasses \$45.00
- Retinal Screening Image \$39.00
- New Prescription for Contacts \$145.00 (see fitting agreement)
- Current Prescription for Contacts \$95.00 for more details)

Comprehensive Eye Exam Fees

New Patients	\$185.00
Current Patients	\$155.00

These fees will be collected at the time of service. Once the service has been performed the above fees are not refundable. As a courtesy, we are happy to bill your insurance company on your behalf. We are only able to bill your insurance if you give us consent and the proper information: Current insurance cards, billing address, group and ID numbers, etc.

If your insurance company does not pay for the services performed, you are responsible for the fees listed above. We will ask you to sign the bottom of this sheet before your eye exam to ensure you understand your responsibility to pay for the services performed if your insurance company fails to pay.

Limits on Use and Release of Protected Information

Protected information can only be used or disclosed for purposes of health care treatment and billing for payment only after the patient has given advance consent. Protected Health Information can be disclosed without patient consent only to the limited exceptions listed below. Griffin & Reed Eye Care can and will withhold treatment from a patient who does not give consent.

Protected information cannot be used for non-health care purposes, such as personnel decisions or used by financial institutions, without special written authorization from the patient. A consent or authorization may be revoked at any time by written notice from the patient.

Permitted Disclosures without patient consent:

- Oversight of the health care system, including quality assurance activities.
- Public Health Issues
- Research generally limited to when a waiver of authorization is independently provided by a privacy board or Institutional Review Board.
- Judicial or administrative proceedings
- Certain Law Enforcement activities
- Emergencies and serious threats to health and safety

I have read and understand the information above. I give my consent to use my protected information as stated above and I understand I will be held responsible for any services , not covered by my insurance.

Patient's Name (Please Print)

Patient's Signature

Date