

## **Harrisburg Eye Care Financial Agreement & Privacy Information**

### **Understanding Vision Plans and Medical Insurance**

Vision plans only cover "routine" exams and a portion of your glasses and contacts purchase. Routine exams include yearly checkups and exams for blurry vision due to a prescription change.

Any exams for a medical complaint (diabetes, headaches, dry eyes, red eyes, cataracts, glaucoma, etc) must be billed to your medical insurance. Vision plans do not cover exams for medical complaints. **Applicable copays, deductibles and coinsurance will apply.**

### **Appointment policies**

We understand schedules can change and unforeseen circumstances can arise. To ensure we can accommodate all of our valued patients, we kindly request that you cancel any routine appointments 12 hours prior to the scheduled time.

No Shows:

Failing to show up for your scheduled exam without prior notification will result in a \$50 charge. Repeat no shows will require you to have a card kept on file to schedule any future appointments.

*I have read and understood the above information and agree to comply with these terms. I authorize and request my insurance company to pay directly to Harrisburg Eye Care, PC, insurance benefits otherwise payable to me. I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on behalf of me or my dependents. I authorize the professionals of Harrisburg Eye Care, PC, to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such eye care to third party payers and/or health practitioners. I understand that I have been given the opportunity to review the Notice of Privacy Practices for Harrisburg Eye Care, PC, and understand that I may request a copy of this notice should I so choose.*

Patient or Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

---

### **Contact Lens Policies**

There is a fee for contact lens evaluations that starts at \$40 and increases based on the complexity of your prescription. This fee includes the evaluation and follow-ups for **60 days**. Any visits or changes beyond that will require an additional fee.

If your prescription is finalized today, you will receive a paper copy. If finalized later due to changes in the lenses, do you agree to have your prescription emailed to you?

Circle one:    Yes    /    No    (due to changes in the law, if you select "no" you will have to return to the office to sign an additional form that you received a paper copy.)

I have read and understand the above information and agree to comply with these terms.

Signed \_\_\_\_\_ Date \_\_\_\_\_