

# NOTICE OF PATIENT PRIVACY RIGHTS, PROTECTION AND PATIENT RESPONSIBILITIES

## SERVICES PROVIDED WITHOUT REFERRAL AUTHORIZATION

If I am a member of a vision and/or medical care program, I acknowledge that for today's visit that I will assume full financial responsibility for any services or materials rendered to me if my vision and/or medical insurance carrier denies or does not fully cover my claim for these services.

## MEDICALLY NECESSARY SERVICES, CO-PAYS & DEDUCTIBLES

If my insurance determines that a medical service is not covered, I acknowledge that I have been notified, or will be notified in the event of a denied claim and will assume full financial responsibility for the service(s). I understand that I am responsible to pay all co-payments at the time of service, prior to leaving. Co-payments are determined by your insurance and cannot be waived at any time by the provider of service or Infocus Eye Care. If my insurance determines that I have not met my yearly deductible, I understand that I will be fully responsible for any remaining amount in a timely manner, no more than 30 days after I have been notified by my insurance, provider, or Infocus Eye Care. Yearly deductibles cannot be waived at any time by the provider of service or Infocus Eye Care.

## PROFESSIONAL SERVICES, MATERIALS, PATIENT SATISFACTION & PATIENT RESPONSIBILITIES

If a patient does not pick up materials within 90 days from the initial order they will be returned to the laboratory and the patient will not be entitled to a refund, partial or otherwise. Infocus Eye Care cannot and does not warranty or guarantee products not sold by our office even when utilizing prescriptions or recommendations from our Doctors and Staff. This includes eyeglass frames to be fitted with new spectacle lenses. While we routinely fit frames purchased from other retailers and used frames for new lenses, please note that these frames are used at your own risk and you agree to waive any claim to replace or refund any materials that are damaged as a result of the lens fitting process. We want our patients to be happy with their glasses and therefore we will remake a set of lenses one time within the same frame. Although rare; in cases of a patient being unable to adapt to a progressive lens design, we will remake the lenses one time into another progressive design. If the patient cannot adjust to the new lenses: we will fashion new lenses in either a single vision or lined bifocal design. While we make every attempt to solve these rare issues, no refunds will be given in a case where a patient cannot adapt to a progressive lens. Refund requests on glasses materials (frames and lenses) and unopened boxes of contact lenses must be made within 30 days of the order completion date and any returned materials must be non-damaged/unopened for refund requests to be honored. If a patient is experiencing issues with their vision prescription, glasses or contact lens prescription it is their responsibility to notify our office and to be seen again within 30 days of the date of their exam or order completion. If our office is notified after, or the patient cannot be seen within 30 days due to their schedule, the patient will be responsible for new exam and material replacement costs. For example: If you received your routine vision exam March 1<sup>st</sup> and you ordered glasses later and they were completed on August 1<sup>st</sup> of the same year, you would have until April 1<sup>st</sup> to be seen for any issues regarding your vision exam (including the eyeglass prescription) and September 1<sup>st</sup> for any issues regarding the physical glasses. However, if the issue with the glasses involved a changing prescription or required you to be re-evaluated by our Doctors, the 30 days from the initial exam would have passed so you would be responsible for any new exam fees. Professional Services (Exams, Fittings, Trainings, etc.) provided by the Doctors and Staff of Infocus Eye Care and open boxes of contact lenses are nonrefundable and non-reversible through insurance under any circumstances.

I have read and understand these policies regarding Patient Satisfaction and Patient Responsibilities. I also understand that if I have any issue or concerns with my vision prescription, glasses or contact lens prescription that it is my responsibility to notify Infocus Eye Care and to schedule an appointment to be seen for a follow up within 30 days of my exam or order completion, whichever is applicable, or I will be responsible for any new exam and material replacement costs. I also understand that if I am experiencing issues with my contacts or I would like to make any change to my contact lens prescription such as type, brand, etc. that I have 30 days from the date of the initial evaluation to be seen for a follow up at no charge and that after 30 days I will be responsible for the cost of a new evaluation.

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## HIPAA

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which I have been provided a copy, that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to conduct, plan and direct my treatment and follow-ups among the multiple healthcare providers who may be involved in the treatment directly and indirectly, obtain payment from third party payers, and conduct normal healthcare operation such as quality assessments and physician certifications.

## AGREEMENT

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Guarantor/Patient Signature

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Date