Everett Eye Care Center, LLC
Jessica S. Stone, OD
33 East Main Street
Everett, PA. 15537
Phone:814-658-6221, Fax: 814-652-9143

## ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I acknowledge that I have seen/received a copy of the Notice of Privacy Practices (HIPPA) for Jessica S. Stone, OD at Everett Eye Care Center, LLC.

_____
Patient Name (Print)

_____ _____
Patient Signature Date
(Legal Guardian if under 18)

## INSURANCE AUTHORIZATION

I request that payment of authorized insurance benefits to be made on my behalf to **Jessica S. Stone, OD and Everett Eye Care Center, LLC** for any services furnished by that physician/supplier. I authorize any hold of medical information about me to be released to the insurance company to determine the benefits payable for related services.

I also have been notified by Everett Eye Care Center, LLC that my insurance is likely to deny payment for the **Refraction** (eyeglass prescription test). If my insurance denies payment for this service or any other services I requested be done, I agree to be personally and fully responsible for payment.

_____
Patient Name (Print)

_____ _____
Patient Signature Date
(Legal Guardian if under 18)

# Personal Health Information Disclosure

## Permission Form

I _____ give the following person(s) permission to receive personal health information on my behalf (prescriptions, materials {glasses and/or contacts}) from Everett Eye Care Center, LLC.

Name:_____ Relation:_____

Name:_____ Relation:_____

Name:_____ Relation:_____

_____ _____

Patient's Signature Date

## Important Information on the Coding and Billing of your Comprehensive Eye Exam

Thank you for coming to Everett Eye Care Center for your eye exam today! The Eye Care/Medical industry is under the regulation of numerous and often changing laws dictating the coding and reporting of each visit. The purpose of these laws is to ensure visits are of high quality. While we pride ourselves in meeting all these quality control measures, it also means we must be very specific with the nature of each visit and code that visit specifically and accurately.

Though you may have come in today for a "routine eye exam," if something is discovered and/or addressed in your exam, the exam may turn into a medical visit and thus be coded accordingly. Below is ow a typical eye exam works.

Patient undergoes an eye exam, which includes:

- A health, medication, and vision history
- A refraction to determine your best corrected vision and glasses prescription
- An examination of the front and back of the eye with dilation where indicated

Based on the results of the exam, the doctor determines if your vision changes are routine or medical in nature. The doctor may order additional testing, refer you to another specialist, or advise other treatments as needed.

**Routine Coding**
*(Billed to Vision Plan if available or as preventative to medical insurance)*
If the doctor determines your vision changes are caused by normal refractive error (nearsightedness, farsightedness, astigmatism), your exam will be coded as a routine Comprehensive Eye Exam.

**Medical Coding**
*(Billed to Medical Insurance)*
If the doctor determines your vision changes are caused by a medical condition and/or addresses a medical concern you have raised, your exam will be coded as a medical Comprehensive Eye Exam
(i.e. cataract, glaucoma, diabetes, macular degeneration, dry eye, double vision, etc.)

Once the visit is coded, your insurance company will then use those codes to determine how the visit will be processed. (The patient is responsible for any unpaid deductibles, copays, coinsurance, and noncovered services* (i.e. refraction, Optomap, fundus photos, etc.) Copays are due at the time of treatment.

*We will send a statement of uncovered charges; payment is due within 30 days of receipt. Any payments not received within 30 days are subject to a $5 late fee. Balances not paid within 120 days may be forwarded to collections and may be assessed 8% simple interest per year.

**Please sign below to confirm you understand your Comprehensive Eye Exam today may be billed "routine" or "medical" determined by the results of the exam.** By signing below, I confirm I have reviewed both my medical insurance and vision plan and understand how each applies to my insurance benefits. I understand I am responsible for any unpaid deductibles, copays coinsurances, and non-covered services.

Print Name:_____ Date:_____

Signature:_____