TOMASINO GOERSS
VISION SOURCE

ACKNOWLEDGEMENT
OF
NOTICE OF PRIVACY PRACTICES

The law requires that Vision Source Iverson Tomasino Goerss Eyecare make every effort to inform you of your rights related to your personal health information. By my signing below, I acknowledge that:

- ☐ I have read or had explained to me Vision Source Iverson Tomasino Goerss Eyecare's Notice of Privacy Practice and agree to continue my care with Vision Source Iverson Tomasino Goerss Eyecare under said terms.

- ☐ I was given the opportunity to read Vision Source Iverson Tomasino Goerss Eyecare's Notice of Privacy Practices and declined but wish to continue my care with Vision Source Iverson Tomasino Goerss Eyecare under the terms of Vision Source Iverson Tomasino Goerss Eyecare's privacy policies.

- ☐ I have read or had explained to me Vision Source Iverson Tomasino Goerss Eyecare's Notice of Privacy Practice and do not wish to continue my care with Vision Source Iverson Tomasino Goerss Eyecare under said terms.

- ☐ The Notice of Privacy Practice could not be read due to the emergent nature of the care of other reason described as
  _____

I authorize the release of my Personal Health Information to the following individuals:

Name	Relationship

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

_____ _____
Patient Date

If you are signing as a personal representative of the patient, please indicate your relationship

_____ _____
Representative Relationship to Patient

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Understanding the Patient's Responsibility for Payment

We want to provide you with superior quality eye care during your visit and are happy to provide the courtesy of filing your insurance. However, most insurance plans do not provide 100% coverage for medical/vision services. As the patient, you are responsible for charges incurred at our office that are not covered by insurance including contact lens services, non-covered tests, co-payments, co-insurance and deductibles. It is the patient's responsibility to provide current and active insurance information at the time of service.

To further explain…

As the patient, you sign a contract with your insurance company for a period of time. That contract acknowledges your agreement to pay the co-payment, and any applicable deductible. As a provider, we also sign a contract with insurance companies requiring us to collect any co-pays, or deductible that patients may owe. If either party fails to comply, they will be in violation of the terms of each contract.

Co-payments are a cost sharing agreement in which the patient pays a specified fee at the time services are provided. The medical plan then pays a portion of the remaining cost.

Co-insurance is a cost sharing agreement in which the patient pays a specified percentage of the incurred medical expenses. The medical plan then pays a portion of the remaining percentage.

Deductibles are often a specified amount of expense the patient must pay before the medical insurance plan pays for medical expenses. Deductibles can also apply only to certain medical expenses (ER visits, procedures, etc.).

Medical eye care: Medical insurance can be used for all office visits, testing, and procedures pertaining to a medical problem related to the eyes. Medical Insurance does not cover refraction (vision check). Vision insurance plans cover a routine eye examination with refraction (vision check) and often provide coverage for glasses or contact lens materials. Vision plans do not include the diagnosis and/or treatment of ocular health problems.

Contact lens services: The services related to contact lenses are **not** included as part of a routine eye exam and are **not** fully covered by medical health insurance. These services include the fit and/or evaluation of contact lenses for a patient, trial contact lenses, and all follow-up visits related to the trial contact lenses. Some vision insurance plans do cover a portion of contact lens services and/or give an allowance for purchasing contact lenses.

Non-covered tests: Most all procedures performed by our doctors and technicians are covered by medical or vision insurance. However, there are a few tests performed during a comprehensive eye exam that are not covered by some insurance plans. These tests are often necessary to ensure your complete ocular health. **Please inform our technicians if you would like to discuss any non-covered tests with your doctor before they are performed.**

Our office will do all that we can to determine your insurance benefits before and during your visit. Please let us know if we can answer any questions during your visit today. Thank you!

_____

Signature

_____ _____

Print Name *Date*

The High Tech Exam

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The following tests are highly recommended by your doctor.

The **MPOD** helps the doctor determine your risk for developing Macular Degeneration (the leading cause of blindness in adults 65 years and older).

The **Optomap** allows the doctor to view up to 80% of your retina without the need to dilate. This allows the doctor to determine if any defects are present. If a defect(s) are noted then the doctor may recommend returning for a dilated eye examination at a later date.

The **FDT** screens for any neurological and/or glaucoma concerns.

These tests utilize the most current technology and are not covered by insurance at this time.

The High Tech Exam for Children (18 and younger) Including Optomap and FDT is $45.

The High Tech Exam for Adults (19 and older) Including Optomap, FDT and MPOD is $65.

____Yes, I would like the High Tech Exam today.

____ I would like to discuss this further with a technician