

PATIENT RESPONSIBILITIES



FINANCIAL RESPONSIBILITY

I understand that all services rendered to are my financial responsibility and that payment is due at the time of treatment unless prior arrangement has been made. I accept full responsibility for payment of any services not covered by my insurance carrier. I agree to pay collection fees, court cost, and attorney fees if legal actions are necessary for collection of this account.

RELEASE OF MEDICAL INFORMATION

Johnson City Eye Clinic may disclose all or any part of my medical record and/or Financial ledger, to my insurance companies, any third party healthcare provider rendering treatment on my behalf, my attorney if liability related, or Employer and their Workman's Compensation carrier if a job related injury.

MEDICARE

I agree that payment of authorized Medicare benefits be made either to me or on my behalf to Johnson City Eye Clinic, P.C. for any services furnished to me by their physicians. I authorize any holder of medical information about me to release to the Health Care Finance Administration and its agents any information needed to determine these benefits or the benefits payable for related services. I authorize the Medicare claims for services provided by the clinic physicians.

MEDIGAP

I understand that if a MediGap policy or other health insurance in indicated in Item 9 of the HCFA 1500 form, or elsewhere on other approved claims forms, my signature authorizes release of the information to the insurer or agency shown. I request that payment of authorized secondary insurance benefits be made on my behalf to Johnson City Eye Clinic.

OTHER INSURANCE

I hereby authorize Johnson City Eye Clinic, P.C. to submit a claim to my insurance carrier or its intermediaries for all covered services rendered by Johnson City Eye Clinic, and direct my carrier or its intermediaries to issue payment directly to Johnson City Eye Clinic, P.C. I understand I am financially responsible to Johnson City Eye Clinic, P.C.

NON-COVERED SERVICES

I understand that Medicare and most commercial insurance carriers do not pay for a Refraction. Refraction is the procedure which determines your best corrected visual acuity and will assist your physician in diagnosis of eye disease as well as to prescribe new glasses. Because It is difficult to reliably assess vision in children, a refraction is an integral part of the pediatric exam and is necessary to assess the health of the child's eye. In most incidences, this is a required portion of your eye exam, your Physician and or Technician will determine this. A fee of \$25.00 is due at the time the service is rendered.

Other services or supplies may be considered non-covered by my health plan. I accept full responsibility for all items or services, which are determined by my health care plan not to be covered.

TELEPHONE CONSENT

I consent to receive calls, including appointment reminder calls, financial assistance/collection calls and/or text messages, from Johnson City Eye Clinic and their service providers at the telephone number(s) listed on my account, including wireless telephone numbers. I understand I may be charged for such calls by my wireless carrier and that such calls may be generated by an automated dialing system.

CONSENT TO PHOTOGRAPH

I understand that my photo will be taken and recorded to document my care. The photo will be stored in a secure manner and will not be released without authorization.

INFORMATION AND CONSENT FOR DILATED EYE EXAM

Dilating drops are used to enlarge the pupil and allow the physician to examine the inside of your eye. Dilation can cause blurred vision and may make you sensitive to bright lights. The length of time and to what degree your vision will be affected varies from person to person. Driving may be difficult immediately after the examination. We suggest that if you are concerned about these problems, you should not drive yourself afterwards.

Adverse reactions, such as angle-closure glaucoma, may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention.