

# Welcome to Vision Source Specialists

We provide comprehensive vision care with state of the art technology. Our eye examinations include the use of Optomap and Optovue technology. This technology is not yet recognized by many insurance companies, however it is included with all of our eye examinations.

Your long term eye health is our first priority.

<b><u>Insurance Information</u></b>		
Medical Insurance and/or Routine Vision Plan?	Y / N	<b>PLEASE PROVIDE CARD TO BE SCANNED AT EVERY VISIT</b>

<b><u>Responsible Party</u></b> (If not the policyholder or under 18)	
Name:	DOB:
Social Security #:	Relationship:
Whom may we share medical or account information with?	
Patient Social Security #:	

<b><u>Share The Vision Program</u></b>
How were you referred to us? Facebook Twitter Google Internet Newspaper TV Radio Person Who may we thank? _____ <i>STV Award may apply</i>

<b><u>Optomap and Optovue Retinal Exams</u></b>
The Optomap Retinal Exam uses a laser scanner to capture a digital image of the retina. Images are stored for future comparison and aid the doctor in detecting subtle retinal changes and diseases. Optovue does a cross-sectional scan of the retina and helps the doctor check for conditions like macular degeneration and glaucoma. If you have routine vision coverage, your plan requires an additional copay for these scans. (max \$30)

<b><u>HIPAA Acknowledgement</u></b>
I am aware that there is a copy of the Notice of Privacy Practices for Vision Source Specialists available to me upon request. Copies are available in the office. _____ <i>(please initial)</i>

<b><u>Signature of Assignment / Financial Policy</u></b>
We will submit a claim to your insurance on your behalf, if we are unable to collect payment from your carrier, the balance is your responsibility. Copay and out of pocket fees are due on the date of service. We will send a statement for any remaining balance, due upon receipt.
If accurate insurance information is not provided, we are out of network or we are unable to verify your benefits, you are responsible for the balance at the time of service. You may file for reimbursement directly from your insurance carrier. If you know you have not met your deductible, you may opt to pay up front to receive the day of service discount.
Children under 18 years of age must have a parent or guardian present at the appointment and will be held responsible for payment.
Unpaid balances assess a late fee of \$10.00 at 45 days and an additional \$20.00 at 75 days. If your balance is older than 90 days or a change of address is not communicated to us we will use an outside collections agency.
I authorize payment of medical/vision benefits to the named provider for professional services and/or ophthalmic products. I authorize release of any medical or other information necessary to process claims.

**NOTE: NOT ALL PROVIDERS/LOCATIONS ARE IN NETWORK FOR ALL PLANS, IT IS YOUR RESPONSIBILITY TO ENSURE YOUR PLANS REQUIREMENTS ARE MET**

**Signature:**

**Date:**