

Appointment Time:.....

Arrival Time:.....

CHECK IN FORM

FIRST NAME.....LAST NAME..... Mr. / Mrs. / Ms.

To better serve and communicate with our patients, we are now making greater use of email and text. If you would like to be contacted by either forms of communication, please list your email and/or cell phone.

Email:

Cell phone:

**Thank you for choosing and trusting Eyes & Optics with your eye care needs!
Please read and sign both sides**

Notice of Privacy Practices

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, obtain payment for our services and to conduct health care operations involving our office. If you require a copy of the Notice of Privacy Practices that describes these uses and disclosures in detail, it is available at the reception area or on our website, eyesdts.com.

No-Show/Late Cancellations

While we understand that you have obligations to attend to on the day of your appointment, we do require a 24-hour notice if you feel the need to cancel. Missing an appointment without canceling or failing to call at least 24 hours before your scheduled appointment will be deemed as a "No-Show/Late Cancellation". This will result in a **\$25 charge** to your account and will not be covered by insurance.

Insurances

There are two types of health insurance that may pay for eye care services and/or materials: Vision and Medical

- Vision insurance covers routine comprehensive eye exams and may possibly provide material benefits (eyeglasses and/or contact lenses).
- Medical insurance is used for any eye health issues or complications such as redness, dryness, soreness, etc.

We accept most vision insurances (i.e. VSP, Eyemed and Spectera) and accept Medicare as the only medical insurance.

I, the patient, assign all of my medical benefits to the office of Edward J. Malik, O.D. (Eyes & Optics, Ltd.) and authorize said assignee to release all information necessary to secure payment from my insurance company, certifying that the information given by me is true and correct. I understand that all benefits quoted to me are not a guarantee of payment by my insurance company, and that final determination can only be made when the claim is processed. As such, I understand that if some fees are not paid by my insurance, I am still responsible and will be billed for them. Accounts 90 days-old are subject to collections, and there will be a service charge for any bounced checks. In order to control billing costs and reduce the need to raise our fees, all co-payments, deductibles, and charges for non-covered services, as per my insurance contract, are due at the time that they are rendered.

Usual & Customary (U&C) Office Fees

Payment of all professional services and insurance copays/deductibles are due at the time of service.

Comprehensive Eye Exam:	\$170	Contact Lens Examination Fitting	
Refraction:	\$65*	Sphere:	\$90
*Not covered by Medicare		Toric:	\$110
		Multifocal:	\$150
		Hard/RGP:	\$250
Optomap© Retinal Imaging:	\$49	Scleral:	\$500
		Contact Lens Training:	\$25*
			*Required for first-time wearer
		Medical Office Visits:	\$75 - \$350*
			*Fees depend on severity and diagnosis
			*Prices may vary for additional testing

I have read and understood the above policies.

Patient Name

Signature

Date.....

Frames & Lenses Policy

Eyeglasses (frames and lenses) are custom-made for you and you only. Therefore, all sales of prescription and non-prescription eyeglasses and sunglasses are final. We require a minimum 50% payment to start any order. Cancelled orders or frame exchanges are subject to a 15% restocking fee.

Redo

For any reason should you have issues with the lenses manufactured by the lab or the doctor’s prescription, all eyeglass orders include a one-time redo at no charge within 90 days from when the order was placed. You will be responsible for the cost of lenses for any additional redos.

Patient’s Own Frame (POF)

There is a \$25 POF fee when using your own (previously worn) frame, whether it’s past the manufacturer’s warranty or purchased from an outside source. Both Eyes & Optics and our optical laboratory that manufactures your lenses, cannot be held responsible if breakage occurs in the process of putting in new lenses in previously worn frames.

Frame Warranty/Special Orders

All of our frames & lenses have a one (1) year warranty against any manufacturer defects from the date of purchase, which does NOT include accidental damage or everyday wear and tear. For any reason, should you feel the need to order frames directly from the manufacturer, such as different color or size, there is a \$25 special order fee due prior to ordering.

Contact Lens Policy

Contact lenses are a safe and affordable cosmetic alternative to spectacles when worn and cared for properly. A contact lens is a medical device in contact with the tissues of your eye; therefore, it must fit appropriately to maintain the health of your eyes. The FDA regulates contact lenses under the highest standards of medical device control to reduce the risk of infections.

A comprehensive eye examination is necessary before being fitted for contact lenses. This exam is critical to assure and maintain the health of your eyes and to rule out the possibility of any unsuspected, underlying condition that may prevent contact lens use.

By law, a contact lens prescription is valid for only one year and cannot be renewed without an annual exam. First-time wearers are required to undergo training to ensure the safety of properly inserting and removing contact lenses.

Contact Lens Fitting Fee & Follow-Ups

Contact lens exam have a separate charge (fitting fee) that is NOT included in your medical eye exam or standard vision exam. The fitting fee includes follow-up care and is non-refundable.

- Within 90 days from your initial eye exam, you are entitled to three (3) follow-ups at no charge.
- If you require an additional follow-up within the 90 days from your initial exam, you are responsible for 50% of the Usual & Customary (U&C) cost of the contact lens fitting.
- If you require an additional follow-up after 6 months from your initial eye exam, you are responsible for 100% of the U&C cost of the contact lens fitting.
- Specialty custom or other extended-wear contact lenses (i.e. gas permeable, hybrid, scleral, etc.) require multiple follow-ups within a 120-day period from your initial eye exam. You may be responsible for 100% of the U&C cost of the contact lens fitting if you require additional follow-ups. There is a separate fee for trials depending on the manufacturer.

Contact Lens Purchase

Any unopened, unmarked, and non-expired soft contact lens boxes may be exchanged within 1 year. However, all sales on specialty custom or other extended-wear contact lenses including specialty trial and fitting fees are final.

I have read and understood the above policies.

Patient Name

Signature

Date.....