



Financial Policy & General Consent Form

CONSENT TO TREATMENT:

By my signature below, I do hereby voluntarily consent to treatment by the doctor of the practice for an eye exam and to any related diagnostic procedures and treatments as necessary in the judgement of the doctor. I acknowledge that eye exams are not always routine in nature, and at the discretion of my doctor, my medical insurance will be billed accordingly.

INSURANCE BILLING POLICY:

By my signature below, I understand that Eye Rx will bill my insurance on my behalf to carriers which they are providers for. I understand that the practice cannot guarantee anything regarding my insurance, as it is a contract between me and the insurance company, not with the office. The office will do it's best to provide as much information as possible, but I understand it is my responsibility to know my insurance and benefits. I understand it is my responsibility to obtain any referrals or prior authorizations as necessary, and I am responsible for any balances owed due to a lack of referral or prior authorization. I also acknowledge that the office is not responsible for filing a claim after the fact, if I did not present my insurance at the time of the appointment for any reason.

CONTACT LENS POLICY:

By my signature below, I understand that contact lenses are a separate service from an eye exam, and I agree to pay any fees associated with obtaining a contact lens prescription. I acknowledge that contact lens prescriptions expire annually, in compliance with local state law, and if I choose not to update my prescription, I will not be able to order contact lenses in the future.

FINCANCIAL POLICY:

By my signature below, I understand that payment for all services is expected at the time of service. I understand that full payment is required for all eyewear and contact lens orders before the order can be placed or dispensed.

By my signature below, I agree to all of the above while I am a patient of the practice.

Patient/Guardian Signature

Name

Date