



3111 South Lamar Blvd. Austin, TX 78704 | P: 512.222.5636
www.EyeRisVision.com

Patient Name _____

Thank you for choosing EyeRis Vision as your eye healthcare provider. Please review this document and sign below.

HIPPA & Notice of Privacy Practice

This Notice describes how your medical information may be used, disclosed, and how you can get access to this information. The details of this Notice is available available on our website at www.eyerisvision.com. Paper version is also available by request. Please inform our staff and we will be happy to provide you a copy. Your signature below indicates you have been made aware of this.

Financial Responsibility

This policy has been put in place to ensure that financial payments due are recovered to allow us to continue to provide quality medical care for our patients. It is important that we work together to assure that payment for services is as simple and straightforward as possible. Our practice manager or billing department will be glad to discuss these policies with you.

I understand that if I do not have my insurance card, referral, and/or co-payments, that my appointment may be rescheduled until such time that I can provide the required documents or payments.

I understand that EyeRis Vision will collect all co-payments at the time of visit and any procedure deductibles and coinsurance up to an amount equal to payment in full for the planned procedure code. Payment in full and expected coinsurance payment responsibility are determined by the anticipated billing code(s), details of your Insurance policy, and agreement between your insurance company and EyeRis Vision. Any over payments to your accounts will be refunded to you at your request after payments and/or remittance has been received from your insurance company. Insurance coverage is not a guarantee of payment by your insurance company. Eligibility and benefits quoted could change once the claim is processed. You are financially responsible for all services rendered on your behalf or on behalf of your dependents. If your insurance company fails to respond or does not pay within 90 days, you will be responsible for remaining balance owed. All professional fees are non-refundable.

If we are not in network with your insurance, or if you are not insured, payment will be required at the time of the service. It is your responsibility to verify with your insurance plan if we are a contracted provider.

I understand that a \$25 service fee will be added for any checks returned for any reason and I will be responsible for payment of this fee and the amount of the returned check. NSF checks must be redeemed with certified funds (cashier's check, money order, or cash.)

We refer delinquent accounts to an outside collection agency. If your account is referred to a collection agency, a fee of up to 30% of your balance due, plus an administrative service fee of

\$25, will be assessed to your account. Your phone information will be used for collection efforts, including automated dialing systems (for which you may opt out at a later date).

I understand that if I am unable to make a scheduled appointment I need to contact EyeRis Vision at least 24 hours before my scheduled appointment time. Due to a high demand for appointments, missed appointments prevent us from scheduling appropriately and keep others in need of urgent care from being seen. A \$25 FEE WILL BE ASSESSED FOR ALL MISSED APPOINTMENTS & \$50 FOR MISSED PROCEDURES NOT CANCELED WITH AT LEAST 24-HOUR ADVANCED NOTICE. If you are 30 minutes late from your appointment time, we reserve the right to reschedule your visit.

I understand that if my accounts not paid in full within 90 days of a statement date, a 35% collection agency processing fee will be added to the outstanding balance and will be turned over to collections for further processing. No additional appointments will be made for delinquent accounts until they are brought current.

General Office Policies

Refraction Policy

Refraction is the process of determining the eye's refractive error for spectacle prescription or to obtain the best visual acuity measurements. It is an essential part of an eye examination and to rule out any ocular pathology. However, it is NOT a covered benefit by Medicare or certain Medical insurances. Therefore, Refraction fees will be collected in addition to the patient's copay at the time of the visit.

Contact Lens Evaluation Policy

Please be advised Contact Lens Evaluations may NOT be covered by your insurance plans and therefore, you will be responsible (unless otherwise indicated by your plan). All Contact Lens Evaluations include follow up care for up to 30 days. Follow ups, switching brands or types of contact lenses after 30 days will have a \$30 fee. After 90 days, an office visit charge will be incurred.

Annual contact lens examinations are required by law if you plan to continue wearing contact lenses, even when there are no changes in the prescription. Since contact lenses are an FDA regulated medical device, improper use has the potential to cause damage to the eye. By signing below, you agree to follow directions given by our Doctors and understand complications could arise, especially when the lenses are over worn, when they were slept in and were misused. For Existing Wearers, you already know how to Insert & Remove contact lenses, understand how to properly care and maintain your contact lenses. For New Wearer, you will be under direct supervision of our technician for the Insertion & Removal teach. Specific instructions are available on our website at www.eyerisvision.com.

Thank you for choosing us for your eye care needs. Please do not hesitate to ask any of our staff members for additional questions.

I have read and agree to all terms listed above, that I, or my dependents, will receive.

Signature _____ Date _____