

Athens Family Vision Clinic
270 Hawthorne Ave
Athens, GA 30606

Dr. Russell D. Springer, O.D. - Dr. Marsha Beckham, O.D. - Dr. Elisabeth Lawson, O.D.

Patient Information Verification and Release Form

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell _____ Text? Y N

Email _____ Date of Birth _____ Age _____ Sex M F

Patient SS# _____ Patient DL# _____ Are you a student? Y N

Employer _____ Occupation _____

If Athens Family Vision Clinic has a signed contract with my insurance company, provisions of the contract will be followed. Otherwise charges for the office visits are due at the time of service. Other procedures covered by insurance will be filed as a courtesy.

I understand I am responsible for seeing that all charges are paid in a timely manner. Deductibles, co-insurance, co-pays, non covered services, and all other balances not covered by insurance are my responsibility.

To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize Athens Family Vision Clinic to disclose portions of my records or other privileged information necessary to process insurance on my behalf or to assist in my care. This includes the release of information to the referring physician, primary care physician, or facility involved in my medical care. I also hereby assign all medical benefits to which I am entitled, including Medicare, private insurance and other health plans, to Athens Family Vision Clinic for unpaid charges.

I hereby acknowledge that I have been provided with a copy of Athens Family Vision Notice of Privacy Practices. The notice contains information regarding potential uses and disclosures of my protected health information that may be made by the practice's legal duties with respect to my protected health information. I have had the opportunity to review the notice and take a copy with me if I choose.

___ I DO NOT authorize the release of my medical information to anyone.

___ I authorize the release of my medical information to the individual(s) listed below:

_____ (name) _____ (DOB) _____ (relationship)

_____ (name) _____ (DOB) _____ (relationship)

Patient/Guardian Printed Name

Patient/Guardian Signature

Date

ADDITIONAL TESTING & PROCEDURES

Vision insurance coverage (VSP, Davis, VCP, Avesis, Eyemed etc.) is designed to ensure the overall good health of your eyes and screenings of conditions. When a medical condition or diagnosis is determined, then medical insurance (BCBS, Aetna, Coventry, Humana, Cigna, UHC, etc) is filed on the medical services required, and the co-pays for that insurance will apply. We make every effort to utilize your vision insurance, but insurance carriers set the rules and our office is required to follow them.

If you have a systemic condition, have been diagnosed with an eye issue, or have complaints, your visit may require a more in-depth investigation. Further investigation may include additional medical decision-making, additional testing, follow up visits, treatment and management, or communication with your primary care physician. We will bill your MEDICAL insurance NOT your vision plan.

This includes, but is not limited to the following conditions, eye issues, or problems: diabetes, hypertension, thyroid disease, lupus or autoimmune disease, diseases resulting in using high risk medications, cataracts, amblyopic/lazy eye, glaucoma/high eye pressure, macular or retinal disease, history of eye surgery, new or sudden blurry vision, flashes or floaters, dry or itchy eyes, eyestrain or double vision, eye pain or redness, headaches, loss of vision, stye.

We make every effort to be on every major carrier for your convenience and will file those claims for you. We will tell you when further testing and medical decision making is necessary. Thank you for trusting your ocular health to Athens Family Vision Clinic.

CONTACT LENS POLICY AND EVALUATION FEES

To receive a prescription for contacts, you must have a yearly contact lens evaluation. The contact lens evaluation fee depends on the complexity of the fit and will be determined after by the doctor. This fee must be paid at the time of service.

FINANCIAL POLICY

A 50% non-refundable deposit is required on all orders. The patient or guardian is responsible for all charges. If an insurance payment has not been received within 60 days from the date of service, the charges will become the responsibility of the patient. Personal accounts over 90 days past due will be turned over to Carter Young Collections Services (888) 995-4242 for collection procedures.

GLASSES PRICING & WARRANTY

All frames and lenses are covered under warranty for 1 year from the date of purchase. Frame warranty replacements are for frame defects or breakages occurring from normal wear and do not include damage from animals (chew/teeth marks). If your frame has broken under warranty, please DO NOT use superglue as this will void all warranties. There is a \$20 charge for frame and lens warranty replacements.

Patient or Guardian Signature

Date

Medical Insurance vs. Vision Insurance Billing 2019

When a medical condition is present (such as diabetes, cataracts, dry eye, floaters, glaucoma, etc) it is necessary to file your visit with your medical insurance (BCBS, Aetna, Cigna, UHC, Medicare etc) instead of your routine vision exam insurance carrier (VSP, EyeMed, Davis, VBA, Always, Superior Vision, etc). The co-pays for your medical insurance will apply. Insurance carriers set these rules and our office is required to follow them. In many cases, depending on the chief complaint, there is no way to know prior to the examination which type of insurance our office will be able to file for you.

1. Many problems and complaints may attribute to a medical condition which requires a more in-depth investigation and additional medical decision-making to rule out any underlying eye disease. We will bill your MEDICAL insurance, NOT your routine VISION insurance plan. These include, but are not limited to:

- New or sudden blurry vision
- Flashes or floaters
- Dry or itchy eyes
- Eyestrain or double vision
- Eye pain
- Headaches
- Loss of vision
- Corneal abrasion
- Infection or conjunctivitis
- Over wearing of contacts

2. A variety of systemic conditions can profoundly and permanently affect a patient's vision that require a more in-depth investigation, which may include additional testing, follow up visits, and reports to your primary care physician. We will bill to your MEDICAL insurance, NOT your routine VISION insurance. These include, but are not limited to:

- Diabetes
- Hypertension
- Thyroid disease
- Lupus or autoimmune disease
- Diseases linked to high risk medications like Plaquenil

3. If you have been diagnosed by another eye doctor for any eye issues that require medical decision-making, treatment or management. We will bill your MEDICAL insurance, NOT your routine VISION insurance, These include, but are not limited to:

- Cataracts
- Amblyopic/lazy eye
- Glaucoma, previous diagnosis of high eye pressure or ocular hypertension
- Macular or retinal disease
- History of eye surgery

We strive to provide the best care, diagnosis, and treatment to you. We also make every effort to accept all MEDICAL insurance plans and file those claims for you. If you have any questions, please let us know.

I understand my Medical insurance will be filed if I have a medical problem, complaint, a medical condition, or a previous medical diagnosis. Routine vision insurance will be filed following guidelines set forth for by vision insurance carriers.

Signature: _____ Date: _____