

PRIVACY POLICY

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, to obtain payment for service, and to conduct healthcare operations involving our office. The Privacy Policy describes these uses and disclosures in detail. We have this Privacy Policy available at the front desk.

I acknowledge that I have been offered a copy of the Privacy Policy from Dr. Wood.

Signature of Patient If Over 18 or Parent of Patient

FINANCIAL DISCLAIMERS

Regarding Refunds & Cancellations

****Exam services are non-refundable****

Once an order has been placed for either contacts or glasses there is absolutely no cancellations or refunds and/or exchanges. You are 100% financially liable for all purchases that have been made, even if your insurance neglects to pay. If after three months you have not paid for any of these products or services you may be taken to collections. _____ **Initials**

Eligibility for Medical Insurance and/or Routine Vision Benefits

We will attempt to verify your plan eligibility for service and/or materials before your appointment. *Verification of eligibility is done as a courtesy only and is not guarantee of payment.* Please check with your plan administrator if you have any questions regarding your eligibility. **If my plan carrier does not pay, or partially pays, I understand that I am responsible for payment in full or the remaining balance.** _____ **Initials**

Contact Lens Fees

Contact lens evaluation services are not an included part of an eye health evaluation and vision assessment, and additional fees apply. Fees are customized according to the complexity of the case and predicted time necessary to care for the individual patient. **Fees for contact lens evaluation services range between \$65 to \$125.** _____ **Initials**

Refraction Fee

The part of your evaluation that determines your prescription is called refraction. It is also done under certain circumstances for diagnostic purposes. If you have routine vision benefits such as VSP, Eye Med or Medical Eye Service, your refraction is typically included with your exam benefits. Medical insurances that do not include routine vision benefits, such as Medicare, do not cover refraction. **The refraction fee is \$25.** _____ **Initials**

Dilation of The Eyes

Dilation involves administering a drop of medicine onto the surface of each eye which causes the pupil in your eye to enlarge, or widen. This allows the doctor to use a special lens to further evaluate the internal health of your eye, looking for any abnormalities, or ocular diseases such as glaucoma, cataracts, diabetes, retinal detachments or tumors. Side effects of the drops include: light sensitivity and blurry vision within arm's length for approximately 4-6 hrs (varies on people). In most cases dilation does not affect your distance vision or your ability to see clearly while driving.

Please indicate whether or not you wish to have this procedure done.

_____ **YES** – I wish to have my eye dilated today.

_____ **YES** – I wish to have my eyes dilate but at a later date.

_____ **NO** – I fully understand the importance of dilation, but I choose NOT to be dilated at this time.

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Retinal Photos

Retinal photos involve taking a color photograph of the inside of your eyes. The photos will document the internal health of your eyes and allow for accurate yearly comparison. This recommended test should be done every year since the health of the eye can change at any time with little or no symptoms. **Please indicate whether or not you wish to have this procedure done.**

_____ **YES**- I wish to have my retinal photos taken today for **ADDITIONAL FEE OF ~~\$25~~ \$25**

_____ **NO** – I fully understand the importance of the retinal photos, but I choose not to have them taken.

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****Polycarbonate lenses is recommended for eye wear for their impact resistance**