

**INSURANCE & FINANCIAL RESPONSIBILITY**

All vision insurance must be pre-approved prior to your examination. If we are unable to verify coverage, all charges must be paid in full when services are rendered. If you are not eligible for insurance benefits or are eligible for less than full coverage, your signature below indicates that you agree to financial responsibility of any unpaid balance. Your signature authorizes the release of medical or other information necessary to process insurance claims.

**Signature of Patient or Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HIPAA ACKNOWLEDGEMENT**

My signature confirms that I understand my contact information is used by our office to send appointment reminders, inform me of changes in the office or with the optical via phone, text, paper mail, or email. My medical information is privileged information and is only released when I am referred to another provider for further eye care, to process insurance claims or payment of services rendered, or when I specifically request to release such information. I have been provided a copy of the Notice of Privacy Practices of Park Way Eye Care, PLLC to review and have been offered a copy of such policy to keep for my records.

**Signature of Patient or Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INFORMED CONSENT**

Our office considers the ocular health of our patients of utmost importance; therefore, our doctors strongly advise an annual retinal health examination with dilation or Optomap retinal imaging. A healthy retina is critical to your vision and needs to be examined for conditions such as macular degeneration, glaucoma, cataracts, holes/detachments and complications from high blood pressure and diabetes. We highly recommend you choosing dilation or Optomap today.

**DILATED FUNDUS EXAM**

Dilation involves eye drops to enlarge the pupils in order to obtain a better view of the back of the eyes. This causes **blurriness of near vision and increased sensitivity to light for 4 to 6 hours.**

**Dilated fundus exam is \$20** –Most insurance carriers cover this procedure.

**Please Initial below:**

\_\_\_\_\_ **Yes**, I consent to a dilated fundus exam.  
 \_\_\_\_\_ **No**, I'd like to defer or reschedule the dilation. I agree to assume all risks associated with failure to diagnose my eye condition due to lack of information, which may have been provided by this test.

**OPTOMAP**

Optomap is a non-invasive and painless alternative to traditional dilation. It takes a digital scan of the retina in less than a second with **no additional side effects.** The scans provide the doctor with a permanent record for future comparisons and may be emailed to your or your primary care physician upon request.

**Optomap exam is \$44** –Most insurance carriers do not cover this procedure, but may provide a discounted rate.

**Please Initial below:**

\_\_\_\_\_ **Yes**, I consent to the Optomap retinal images  
 \_\_\_\_\_ **No**, I do not wish to have this procedure performed.

**VISUAL FIELD SCREENING**

The visual field screening is a quick and non-intrusive procedure that **tests the function** of the optic nerve pathways. This procedure can help detect early signs of glaucoma, optic nerve disorders, retinal diseases and even certain brain tumors.

**Visual Field Screening is \$10** – Most insurance carriers do not cover this procedure as a screening. **Please initial below.**

\_\_\_\_\_ **Yes**, I do consent to have the visual field screening. \_\_\_\_\_ **No**, I do not wish to have this procedure performed.

While dilation/Optomap provides a physical view of the back of the eyes, it does not determine whether or not the internal structures of the eyes are functioning as they should. Therefore, the visual field screening and dilation/Optomap go hand-in-hand to help diagnose any ocular problems and maintain the overall health of the eyes

CONTACT LENS AGREEMENT

Contact lenses are medical devices that require a separate evaluation/fitting process in order to obtain a contact lens prescription. Even previous contact lens patients require this evaluation to maintain the correct fit, comfort, vision, and eye health from contact lens wear.

Contact lens exam fees are **non-refundable**. The contact lens evaluation will include a trial pair of soft contact lenses and a follow up period of up to 60 days from the original exam to finalize the prescription.

**If you do not return within the 60-day follow-up period to finalize your contact lens prescription, there will be a \$25 charge for each visit thereafter.**

The 60 day follow up period **does NOT include visits for medically related eye conditions that may or may not be related to contact lens wear (e.g. eye infections, corneal ulcers, allergies, etc.)** There will be an office visit charge for these medical eye visits which your insurance may or may not cover.

I have read and understood each aspect of the contact lens agreement.

Signature of Patient (Or Guardian If Under 18): \_\_\_\_\_ Date: \_\_\_\_\_



