

**1. Please print your email address here:** \_\_\_\_\_

Email addresses are used as backup communication in case we cannot contact you by phone, and to remind you of upcoming appointments. **We do not sell or share your insurance information.**

**2. Assignment of Insurance Benefits**

Signature below authorizes Focus Vision Optometry to bill for benefits on my behalf for vision and/or medical services rendered on this or future dates. I hereby assign my benefits to Focus Vision Optometry so that insurance payment may be issued directly to them. I understand I am responsible for full payment of any remaining balance that is not covered by my vision and/or medical insurance. I authorize release of the necessary information needed to process my insurance claim(s). If complete and accurate insurance information is not provided at or before time of service, I am responsible for payment of regular fees.

Sign here: \_\_\_\_\_ Date \_\_\_\_\_ Print Name: \_\_\_\_\_

**3. HIPAA (Privacy) Policy**

Our most current privacy policy is attached beneath this form for review and you may have a copy upon request at the front desk.

Initial your understanding and acknowledgment of receipt here: \_\_\_\_\_

**4. Warranty/Exchange Policy & Legal Purchase Terms & Conditions**

A laminated copy of our most current product warranty/exchange policy is beneath this form, for your review prior to any purchase. This policy is your purchase's binding terms and conditions. A paper copy will be provided with your sales receipt at checkout today.

**Please be aware prescription orders are processed immediately and there is no cancellation period following receipt of payment,** regardless of order or delivery status. Legal "delivery" is the date Rx product is received in our office recorded ready for pickup. Failure to pick up your custom/Rx product does not relieve you of your obligation to pay. Outstanding balances over 90 days will be referred to collections. Refunds, cancellations and returns are not permitted on custom product. If you purchase custom/Rx product, you agree to these terms. Please ask staff prior to your order if you have any specific questions regarding warranty or exchange privileges.

Initial your understanding and agreement here: \_\_\_\_\_

**Dr. VanGuilder recommends retinal photos and/or dilation every year** to detect critical conditions including macular degeneration, glaucoma, ocular cancers, uncontrolled diabetes or high blood pressure, retinal holes or tears, and other retinal diseases that can cause permanent and irreversible loss of vision. Both services are optional and may be accepted or declined.

**5. Digital Laser Retinal Photo Screening (Optos Optomap)- Doctor recommends every year.**

- High resolution digital images allow complete screening for critical cancer, macular, retinal and optic nerve (glaucoma) disorders. The fee for retinal photography is \$29 for both eyes. Dilation is NOT required to perform this test. Photography is not covered by routine vision insurance, but may be covered by medical insurance if you have a retinal medical condition.

**YES, I want Optos screening,** initial here: \_\_\_\_\_ **NO, I do not want Optos screening,** initial here: \_\_\_\_\_

**6. Dilation- Doctor recommends for new patients, and every year that Optomap is not performed.**

- Eye drops will open your pupils. **This allows a full view of your retina, and permits doctor to view your retinas in 3D. Side effects** typically last 3-4 hours and include sensitivity to bright light and blurry reading vision. Distance (driving) vision is NOT usually significantly affected, and most people are able to drive afterward. You may schedule a separate visit if you prefer to have a driver. Do NOT drive if you feel your distance vision or depth perception is impaired after dilation. Be aware that electing to dilate your eyes will add 20-30 minutes to your total examination time. Request dark glasses at the front desk before leaving if you have not brought sunglasses with you today.

**YES, I want my eyes dilated today,** initial here: \_\_\_\_\_ **NO, I do not want my eyes dilated today,** initial here: \_\_\_\_\_

**7. Private Office: Patient Code of Conduct & No-Show Fee**

Focus Vision Optometry is a private professional corporation and our staff are entitled to respect and courtesy at all times. Patient acts including yelling, disparaging comments, name calling, bullying, threatening behavior or speech, or other intentionally disrespectful or disruptive behavior, will not be tolerated. Patients that violate our Code of Conduct will be medically discharged and not permitted to trespass at any of our facilities on future dates. Appointments not kept (no-show), or canceled in less than 2 full business days notice, disrupt other patients' access to care and will be charged a \$65 fee each, which will be applied to your patient account and must be paid before further services are rendered. **Initial your understanding here:** \_\_\_\_\_

**8. Care Credit Finance Option**

Would you like our staff to assist you with applying for Care Credit finance options to help pay for this visit and future medical expenses? (Circle) **Y / N**