

Please read and sign this important information

iWELLNESS TESTING PACKAGE

Twelve Bridges Vision Care takes pride in offering advanced eye care technology and research tells us that patients want technology that helps safeguard their eye health. During the iWellness testing, we will be performing **both Digital Retinal Imaging and Retinal Photography**. The most destructive eye diseases – such as **macular degeneration, glaucoma, and diabetic retinopathy** begin in the deepest layers of the retina. This newest technology provides us with a digital retinal fingerprint and serves as a baseline for eye-health comparisons on future visits. It's the gold standard for preventative care and disease management. **Typically, insurance plans do not cover the \$45 fee. (The fee is discounted to \$30.00 if two or more members of the same family do the testing on the same day).** Our doctor strongly recommends that all patients have this test done. If you have any questions about this, feel free to discuss it further with the staff or with the doctor during the exam.

I agree to pay \$45 for additional testing.

Please Initial Yes _____ No _____ OR I would like to discuss it further _____

PRIVACY POLICY STATEMENT

I acknowledge that I have been offered and/ or received a copy of the Privacy Policy for Twelve Bridges Vision Care (TBVC), which provides a more complete description of information uses and disclosures of my medical records. 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 services, and to conduct health care operations involving our office.

Please Initial _____

FINANCIAL DISCLAIMER

Copayments are due at the time of service. Billing of insurance is a service we provide for your benefit. We will make every effort, on your behalf, to collect payment from your insurance company. We will attempt to verify your plan eligibility for services and/or materials before your appointment. **Verification of eligibility is done as a courtesy and is not a guarantee of payment.** I understand that account balances and copayments are due at the time of service. If I have medical insurance or routine vision benefits, I authorize my plan carrier to pay TBVC directly. If a patient pays by check and it comes back as "non-sufficient funds," a \$25 charge will be applied. **If my plan carrier does not pay, or partially pays, I understand I am responsible for payment in full for the remaining balance.** We do ask to please notify TBVC if you are unable to make your appointment. We have a **MISSED APPOINTMENT FEE of \$55 (starting 01/2018)** if we are not notified within 24 hours prior to appointment. We do make every effort to contact patients if we have not received a confirmation to avoid any charges.

Please Initial _____

MEDICARE PATIENTS ONLY

Medicare pays 80% of the allowed fee and the **other 20% is the responsibility of you and your Medicare Supplement Insurance (if applicable).** Medicare patients are also **responsible for the annual Medicare deductible and all non-covered services such as Refraction** (the part of the exam that determines your prescription) which is **\$56.00 and due at time of services.** The law requires that we bill you for any applicable deductible and the 20% patient responsibility portion which is done by sending invoices out quarterly. If you have any questions please feel free to speak to one of the staff.

Please Initial _____

WARRANTY / REMAKES DISCLAIMER

Frame and lens companies have various warranties related to replacement or repairs against manufacture defects or normal wear and tear, please ask your optician for details. Damage to the frame or lenses not due to normal wear and tear, are your responsibility, but TBVC will make every attempt to repair or replace them to the best of our abilities. If you feel that the prescription is not correct or you are unable to adapt to your new lenses please return for a follow up appointment within the **first 45 days at NO CHARGE to be re-examined and discuss remake options (ALL UPGRADES WILL HAVE AN ADDITIONAL CHARGE APPLIED).** After 45 days a charge will be applied to recheck your prescription. **Due to orders being custom made we DO NOT DO RETURNS.** TBVC will do whatever they can to remake a job, please speak with our opticians to find out details on your custom job. **If a job needs to be cancelled please call the office ASAP so the opticians can see what your options are.**

Please Initial _____