

20/20 Image Eye Centers Policies & Consent

HIPAA NOTICE OF PRIVACY PRACTICES

The signature below acknowledges that I understand the HIPAA Notice of Privacy Practices. I understand that I may contact a HIPAA compliance officer at 20/20 Image Eye Centers with any questions or to request a form.

INSURANCE AND BILLING INFORMATION AND CONSENT

ASSIGNMENT and RELEASE: I assign directly to 20/20 Image Eye Centers and its doctors, all medical and vision benefits, if any, otherwise payable to me for services rendered. I hereby authorize 20/20 Image Eye Centers to release all information necessary to secure payment of benefits. I authorize the use of the signature below on all my insurance submissions. The signature below authorizes 20/20 Image Eye Centers and its doctors on my behalf. For VSP members, the signature below acknowledges that I have received and understand the "VSP Patient Consent Form" and authorized 20/20 Image Eye Centers and VSP to access my medical records for the purpose of health care operations.

THE DIFFERENCE BETWEEN YOUR MEDICAL AND VISION INSURANCES

Vision coverage is mainly designed to determine a prescription for glasses, help pay for eyeglasses or contact lenses, and to perform a basic eye health exam. It is not designed to deal with more complex exams, such as those with medical conditions, diagnoses, and/or treatment plans.

Major medical insurance is mainly designed to cover medical diagnoses or conditions present (such as high blood pressure, diabetes, or an eye disease such as infections, dry eyes, allergy, and cataracts, to name just a few) and the co-pays for that insurance will apply, since your major medical will be billed on your behalf.

Vision insurance does not cover medical eye problems, just as medical insurance does not cover routine vision problems. These are guidelines determined by insurance companies, not by doctors.

We make every effort to be a provider on every major carrier for your convenience and we will file those claims for you when there is a medical problem. We also authorize your vision and medical benefits before your appointment as a courtesy to you and so the staff and doctors can use this information to your best benefit. However, this verification represents a quote from your insurance company and is no guarantee of payment. Payments from insurance cannot be determined until procedures are billed, and procedures cannot be billed until the service is performed. The patient will ultimately be responsible for all fees due that are not covered by insurance.

PAYMENT, RESTYLE, AND RETURN POLICY

EYEWEAR: FRAMES / LENSES & CONTACTS: Our eyeglass lenses are customized for the frame selected, as well as the individual prescription. As such, full payment will be required to start the order; (credit, debit or cash), and any changes to eyeglass orders or returns must occur within 30 days of delivery and are subject to a restocking fee. Any remake of lenses (except Dr prescription changes) will be done at no charge as a courtesy if lenses are of equal or lesser value and will not be subject to a refund of any differences in prices. Contacts must be unopened, and boxes unmarked to be eligible for return. Contacts are subject to same purchase and refund policy as eyeglasses. **After 30 days and up to 60 days from delivery, product may be exchanged only and is subject to a restocking fee. Product must be picked up within 30 days of purchase. If not dispensed within this time frame, your order will not be eligible for a monetary refund or exchange. All refunds are subject to approval and given at the discretion of 20/20 Image Eye Centers. Warranty replacements will be subject to a \$25 handling charge.**

PROFESSIONAL FEES: NON-REFUNDABLE AND DUE IN FULL AT THE TIME OF SERVICE

ALL REFUNDS MAY TAKE UP TO TWO WEEKS TO PROCESS AND WILL REQUIRE ORIGINAL PURCHASE RECEIPT. REFUNDS WILL NOT BE ISSUED FOR INSURANCE BENEFITS FOUND AFTER SERVICE WAS RENDERED AND/OR PRODUCT ORDERED. INSURANCE MAY BE BILLED ON PATIENT'S BEHALF AS A COURTESY. HSA/FSA REFUNDS WILL BE ISSUED AS STORE CREDIT ONLY.

I HAVE READ AND UNDERSTAND THE INFORMATION LISTED ABOVE. I HAVE NO QUESTIONS.

SIGNATURE: _____ (patient/guardian) Date: _____