



Financial Understanding

LASIK PACKET REQUEST: Would you be interested in information about Lasik Surgery:

YES NO

Optomap-The Doctors highly recommend the Optomap exam because of these benefits:

- Most patients can avoid having their pupils dilated with drops.
- It's fast, easy, and comfortable.
- It shortens your exam time by 20-30 minutes.
- There are no side effects.
- It provides a digital record of your retina that becomes part of your permanent file.

The fee for the Optomap is only **\$30**. *(If you do not choose to do the Optomap your eyes will be dilated)*

I accept – Patient signature _____ Date _____

I decline – Patient signature _____ Date _____

Special testing usually applies toward your medical deductible and if prescribed by a doctor, you can discuss the additional fees with a technician.

Insurance – Once you have been examined, we will determine if your exam is billed through your medical and or vision insurance. These amounts have been provided by your insurance company, they do not guarantee coverage. If your insurance does not pay for your services, you will be responsible for the additional charges.

Secondary Insurance– We do not file secondary insurance claims. However, if your primary insurance company forwards the claim to your secondary insurance automatically, then we will wait an additional 15 days for payment. At the end of that time, it is your responsibility to make your payment.

PATIENT SIGNATURE (Parent/Guardian if child)

Patient Agreement of Responsibility and Consent to Treat

- Payment for annual deductibles and co-insurance may be collected at the time of service. I understand that I am financially responsible for charges not covered by my insurance company. If I do not give necessary information to process my health/vision insurance in a timely manner I will be responsible for those charges.
- I voluntarily consent to such care and treatment as prescribed by the doctor as is necessary in his medical judgment.

I fully understand and accept the terms of this Agreement and Consent

PATIENT SIGNATURE (Parent/Guardian if child)

Date