

**Health Insurance Portability and Accountability Act (HIPAA) – Patient Acknowledgement** - Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice that we have provided for you before signing this acknowledgement. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office. Our Notice can also be located on our website at [www.eyeclinic2020.com](http://www.eyeclinic2020.com). Please be aware that our staff is required to follow federal law on information that we release by phone and we may at anytime choose not to release information of any kind by phone if we feel that the person requesting the information is not authorized or we feel the information may be too sensitive to release by phone. **Upon signing this document below, you are acknowledging that the Eye Clinic of Austin has made our Notice of Privacy Practices available to you for review and that we have offered you a personal copy.**

**Appointments** - We see patients for two (2) types of eye exams: (1) **Medical** – Medically related eye problems only. (2) **Vision** – Exams are for general screening for the health and well being of the eye, glasses and contact lenses. Based on insurance rules and state laws, you must have these exams on separate occasions if we are to bill insurance. Exam time varies with each patient. Some visits can be 2 – 3 hours. Occasionally, emergencies can delay our patient schedule. If you need to reschedule or cancel an appointment, please notify us with at least 48 hours notice so that we may free up our schedule.

**Insurance** - Please provide all insurance cards, new patients are asked to provide their drivers license or state issued identification. We will be scanning these cards into your account in our system. If your card changes or you are issued a new card, a new insurance company covers you and at least annually we will need to receive and scan your cards. If your insurance company or plan did not provide you with an identification card please advise us at check-in. We can only those file claims with which we have a current participation contract. For coverage with other carriers, we will provide you with a statement of services, which you may file with that carrier on your own. Vision plans are often administrated by a separate company from your main medical carrier and often do not supply an ID card. Most medical insurance cards also do not indicate if or with whom there is vision coverage. If you are unsure whether you are covered for vision under a vision carrier or if you have vision benefits with your medical carrier – please consult your benefits booklet or contact your insurance company or your employer’s human resources department before your appointment.

**Referrals and Authorizations** - Many insurance plans especially HMO, POS, MC and some EPOs require that you have a referral and/or authorization from your Primary Care Physician (PCP) before our physician can see you for an appointment. If you have questions regarding coverage or to see if it’s necessary to obtain a referral / authorization for your next visit, please call the member services phone number located on your insurance card or call your PCP. If a referral / authorization is necessary, it must have an expiration date that covers your next visit to this practice. **We must also have the referral / authorization before we can make an appointment for you or for the physician to examine and treat you.** If a referral / authorization is required, and you do not have one, some insurance companies will allow you to be seen by the physician. However, both the payer and our practice will **require** you to sign a waiver stating that you realize that a referral / authorization was necessary, that you do not have one and **that you will pay the cost of the visit at check-out the day of the services.** If your insurance company does not allow us to see you without a referral / authorization or a waiver, we will be required to reschedule your appointment, after you have received that referral /authorization. If you have a Vision Plan designed for non-medical vision exams and/or materials, we will obtain the authorization and benefits information for you prior to your visit unless your vision plan requires you to complete this task. With most insurance carriers an authorization or referral does not guarantee services will be covered.

**Benefit Coverage** – Benefits are provided under the terms of the applicable contract you have with your insurance carrier, including limitations and exclusions. It is the responsibility of the patient to know and understand the benefits of their policy. If pre-certification of certain services such as surgery is required our office will obtain that as required by our contract with your insurance carrier. Common non-covered services are routine vision exams, tear tests, contact lens fittings, corneal maps, routine fundus photos, and determination of refractive state (Refraction).

**Disclosure** - I authorize the release of any medical or other information necessary to process claims. I also request payment of government or medical benefits to the Eye Clinic of Austin and/or physician who accepts assignment as indicated on submitted health insurance claims. I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account. All co-pays and fees for non-covered services are due at the time services are rendered. Co-payments do not include refractions or other non-covered services. Failure to pay co-pays may result in a loss of your insurance coverage. In the event you are billed for any non-covered, denied or patient responsible service balance(s) and they become over 30 days old they will be considered late. If you account or any part of your account is placed in collections you will be responsible for applicable collection fees in addition to the principal balance. Checks are a welcome form of payment and if you are paying by check you authorize us or (our agents) to process the check by traditional deposit, electronically, or through a ‘pre-authorized draft.’ If the check is returned for any reason, you authorize us or our agents to re-present the check one or more times by such methods, and you authorize us or our agents to collect a returned check fee up to the maximum amount permitted by law. Checks that are not honored and not responsibly handled by the check writer may be turned over to the district attorney’s office for prosecution.

I have read and understand the above. I have had the opportunity to ask questions.

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Patient or Guarantor’s Signature

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Guarantor’s Printed Name

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Date

Revised: 12/4/08