Please read and sign this important Information

OPTOMAP RETINAL IMAGING

Eyedeal Optometry takes pride in offering advanced eye care technology,research tells us that patients want technology that helps safeguard their eye health. During the Optomap testing, we will be performing **Digital Retinal Imaging**. The most destructive eye diseases – such as **macular degeneration, glaucoma, and diabetic retinopathy** begin in the deepest layers of the retina. This 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 $39 fee. 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 $39 for additional testing.

Please initial One Yes____No____ OR I would like to discuss it further____

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. If you are not eligible or do not have vision insurance, there will be 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 Eyedeal Optometry 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.**

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 $89.00 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 manufacturer 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. If you feel that the prescription is not correct, or you are unable to adapt to your new lenses please call to schedule a follow up appointment within the **first 45 days at NO CHARGE to meet with the Optician to discuss remake options (ALL UPGRADES WILL HAVE AN ADDITIONAL CHARGE APPLIED some exceptions may apply).** After 45 days should there be a need for a prescription recheck, a charge will be applied to recheck your prescription some exceptions may apply. **There are NO RETURNS OR EXCHANGES on any purchases that are non-prescription. If an order needs to be cancelled please call the office ASAP. Orders are processed immediately, if the order is not cancelled in a timely maner there will be a fee.**

Please Initial _____

I have reviewed the policies and initialed sections that pertain to myself.
Print Name:_____

Signature: _____