





**PATIENT ACKNOWLEDGMENT FORM**

Our "Notice of Privacy Practices" provides information about how we may use and disclose protected health information (PHI) about you. It applies to the information and records we have about your health, health status, and the health care and services you receive at this office. The date of the most recent Notice will appear in the upper right hand corner. By signing this form, you are simply acknowledging that you have been offered or have received a copy of our "Notice of Privacy Practices."

\_\_\_\_\_  
**Patient's Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patient's Signature (Parent for minor)**

\_\_\_\_\_  
**Office Representative Signature**

**Refraction Policy**

Refraction is the process of determining the eye's refractive error, or need for corrective spectacle and/or contact lenses. It is an essential part of an eye examination, but it is ***not*** a covered service by Medicare or most insurance plans. Our office fee for refraction is \$35.00 and this fee is collected in addition to the patient's co-pay.

**Acknowledgment**

I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service. The co-pay is separate from and not included in the refractive fee.

\_\_\_\_\_  
**Patient Signature (Parent for minor)**

\_\_\_\_\_  
**Date**

**TO OUR MEDICARE PATIENTS - Advanced Beneficiary Notice**

Medicare does not pay for all of your health costs and only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does NOT mean that you should not receive it. Your doctor may recommend this item or service even though it is not a covered item.

MEDICARE WILL NOT PAY FOR PREMIUM INTRAOCULAR LENSES INCLUDING: Restor, Rezoom, Crystalens, Toric or other new technology intraocular lenses. These lenses are considered DELUXE items. This fee will be discussed with you at the time cataract surgery is discussed.

MEDICARE WILL NOT PAY FOR REFRACTIVE SURGERY INCLUDING LASIK & PRK

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**