



NOTICE OF PRIVACY POLICIES ACKNOWLEDGMENT AND CONSENT

I understand that in an attempt to protect the privacy of my identifiable health information, Green Hills Eyecare has established a Privacy Policy and guidelines for Privacy Practices within the office. This information details the use and/or disclosure of information contained in my personal health record kept for the purposes of diagnosis, treatment, payment, and healthcare operations. In accordance with the regulations of “Health Insurance Portability & Accountability Act of 1996,” also known as “HIPAA,” a copy of the Notice of Privacy Practices has been made available in the office today. A personal copy will be given, upon request, at no additional charge.

AUTHORIZATION, ASSIGNMENT AND RELEASE

I authorize Green Hills Eyecare and its agents to use and disclose my health care information for the purpose of obtaining insurance compensation and pre-authorization of benefits or benefits payable for related services. I request all payments on my behalf be paid directly to Green Hills Eyecare. I also authorize that any holder of my medical information release to my secondary insurance carrier any information needed to determine these benefits or the benefits payable for related services. These assignments will remain in effect until I revoke them in writing.

ADVANCE BENEFICIARY NOTICE & PAYMENT POLICY

Our office accepts both VISION and MEDICAL insurance that will help pay for your eye care services and products. Vision care plans ONLY cover routine vision exams along with eyeglasses and contact lenses. They do not cover diagnosis, management or treatment of eye diseases. Medical insurance must be used if you have any eye health problem or systemic health problem that may affect your eyes, such as diabetes. Your doctor will determine if these conditions apply to you. If you have both types of insurance plans it may be necessary for us to bill some services to one plan and other services to the other. We will use coordination of benefits to do this properly and to minimize your out-of-pocket expense.

As a courtesy, we will bill your insurance plan for services if we are a participating provider for that plan. We make every attempt to obtain advanced authorization of your insurance benefits so we can tell you what is covered. Your insurance may not cover all fees and you are fully responsible for any unpaid deductibles, co-pays or non-covered services as allowed by the insurance contract. Non-covered services may include refraction, Optomap retinal screening and contact lens fitting/evaluations. If we are not a participating provider for your insurance, we will provide you an itemized receipt that you may submit for out-of-network reimbursement.

Payment is due at time of service. Any deductibles, co-payments and non-covered services must be paid at time of treatment. We accept cash, check, debit and major credit cards. Returned checks are subject to \$30.00 service fee. Any remaining balance after your claim is filed is due immediately. We will send you a statement to explain charges, payments, and amounts owed. Collection agencies are used only when necessary. All refunds will be processed promptly and provided after all insurance on the account has been paid.

DIGITAL PRESCRIPTION CONSENT

I understand that all glasses and contact lens prescriptions will be made electronically available on our secure patient portal for downloading and/or printing once they have been finalized by the doctor. Patients have the right to request an additional copy within 40 business hours of the prescription being finalized.

I have read and agree to the HIPPA Privacy Policy, Authorization, Assignment & Release, and Advance Beneficiary Notice & Payment Policies, and Digital Prescription Consent of Green Hills Eyecare.

Patient Signature (or responsible party, if minor): _____