

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Policy**

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for services, and to conduct healthcare operations involving our office. The Notice of Privacy Practices describes these uses and disclosures in detail.

I acknowledge that I have been offered and/or received a copy of the Notice of Privacy Practices from Burke Optometry. \_\_\_\_\_ initials

**Financial Disclaimers & Liability**

We will assist you with billing of your insurance, as long as accurate insurance information is provided to us. We will also attempt to verify your plan eligibility for services and/or materials before your appointment. If you have coverage through multiple vision care plans, please provide us the information necessary so we may check eligibility and obtain authorizations. *Verification of eligibility is done as a courtesy only and is not a guarantee of payment.* I authorize my plan carrier to directly pay Burke Optometry. I also authorize Burke Optometry to release any information required for payment to be made. *I understand that any outstanding balances, co-payments, co-insurances, deductibles and non-covered services are my responsibility.* Please note that returned checks are subject to a \$25.00 re-deposit and reprocessing fee. Burke Optometry reserves the right to charge a \$30.00 no-show fee for any appointment not canceled or rescheduled at least 24 hours in advance.

\_\_\_\_\_ initials

**Digital Retinal Imaging (DRI) - for patients starting at age 40**

In addition to your comprehensive eye examination today we will be taking digital images of the internal structures in the back of your eyes. These high resolution images of the layers within the central retina and optic nerve provide the doctor with valuable information. Early detection of conditions such as macular degeneration, diabetic retinopathy and glaucoma can help maintain your vision and improve treatment options. At this time, most insurance plans do not cover the screening fee of \$39.00. If you have concerns about this fee, you will have an opportunity to speak to the doctor during your examination. Initial here if you **agree** to having this test for \$39.

\_\_\_\_\_ initials

Initial here \_\_\_\_\_ if you **decline** having this test performed today with the understanding that the doctor may not be able to detect a problem that could result in loss of vision.

**Refraction Fee**

The testing done to determine your lens prescription is called refraction. Our refraction fee is \$50.00. Vision care plans such as VSP, EyeMed, MES Vision, Superior Vision and Spectera pay the refraction fee as part of the routine eye examination coverage. *Medical insurances, including Medicare, do not include routine vision benefits and do not cover the refraction fee.* \_\_\_\_\_ initials

**My signature below verifies that I understand this agreement.**

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**Signature of patient (or signature of parent/legal guardian, if patient is a minor)**

We accept cash, personal checks, most credit cards and debit cards. We also offer Care Credit.