

Insurance

All professional services and materials not covered by insurance will be charged to the patient.

Payment from my insurance is to be paid directly to **City Eyeworks**. I understand that my primary insurance will be billed on my behalf. I understand that all benefits quoted to me are not a guarantee of payment by my insurance company and that final determination can only be made when the claim is processed. **The undersigned will ultimately be responsible for any bill incurred in this office regardless of insurance.** Accounts 90 days old are subject to collection fees. There will be a service charge on all returned checks.

Initials: _____

HIPAA

I acknowledge that the Notice of Privacy Practices of City Eyeworks has been offered for my review.

Initials: _____

Email Correspondence

I authorize that City Eyeworks can send me my glasses or contact lens prescriptions by email, upon request.

Initials: _____

Contact Lens Services

Contact lenses are considered a medical device by the FDA (Food and Drug Administration), therefore a prescription is required for purchase. Contact lens fittings determine whether a particular set of contact lenses provide appropriate vision, comfort, and fit, and is an **additional service** apart from the comprehensive eye examination. I acknowledge that I will be responsible for these charges if I elect to proceed with a fitting.

Initials: _____

Yearly contact lens evaluation (no follow-ups needed) \$50

Previous contact lens wearers: includes initial fitting and two follow-up visits as needed within 90 days (additional follow-up visits will be charged \$25/visit)

Spherical contact lens \$70
Astigmatism / Multifocal / Rigid Gas Permeable contact lens \$90

New contact lens wearers: includes insertion/removal training, lens care instruction, initial fitting and trial lenses plus any follow-ups needed within 90 days (additional follow-up visits will be charged \$25/visit)

New Spherical contact lens \$100

New Astigmatism / Multifocal / Rigid Gas Permeable contact lens \$130

Ortho-keratology \$450 deposit / \$750 balance
(includes fitting, follow-ups and one set of lenses)

Digital Ocular Health Imaging

Baseline retinal imaging is recommended to document the health of your eyes. These images allow the doctor to see the layers of the retina and offer the most detailed evaluation of your internal eye health. Most insurances will not cover this service without a medical diagnosis. ***If there is a medical diagnosis, medical insurance may be billed for this procedure.***

____ Yes, I would like digital retinal imaging
(Optical coherence tomography/Retinal photography) \$35

_____ No, I would not like the images taken at this time

Printed Name

Date