

RETURN PATIENT PACKET:

Welcome Back!

For return patients (Pt's who have had a COMPLETE EYE EXAM in our office within the past 3 years we'll have you complete a form in office, if there are any updates to your medication, medical history etc you will be able to let us know at that time.

It is important to be sure we have your most current vision insurance. Quite possibly the vision coverage and medical coverage you supplied us with at your last exam may have changed. It is the patient/guardian's responsibility to keep our office up to date. Otherwise you may be billed directly for services performed by our office.

In addition to updating your health information & your insurance carrier information, we may ask you to re-sign a HIPAA acknowledgement and the Financial agreement (the financial agreement is on page 2 of this document) , you may sign and bring a copy of the financial agreement with you to our office or you may elect to sign a copy when you come in for your appointment.

Thank you again for choosing our office for your eyecare needs.

IMPORTANT: PLEASE READ & SIGN

Vision plans are a form of coverage that help reduce out of pocket costs of eligible eye exams and optical merchandise (*eyewear, contact lenses, etc.*). **Medical insurance** help reduce out of pocket costs when a medical condition (*cataracts, dry eye, etc.*) is detected. Vision plans and medical insurance are termed "carriers" in this agreement. **The financially responsible party (patient/patient's parent/guardian) agrees to:** Make carrier details available so eligibility may be verified prior to an appointment and consent to our office submitting charges to carrier on their behalf. Tacoma Eye will endeavor to verify coverage with carriers but the financially responsible party is responsible to know the coverage limits of their carriers. By not supplying this information, the financially responsible party consents to being billed directly for services performed at Tacoma Eye at the usual and customary rate. If carrier details provided are incomplete, invalid or otherwise ineligible for payment, the financially responsible party consents to being billed directly for services at the usual and customary rate. Tacoma Eye does not coordinate benefits (COB). Carriers dictate to our office which plan is termed primary and the primary carrier will be billed. Patients are welcome to submit an invoice after payment to the secondary carrier to seek reimbursement. "Out of Network" patients or patients deemed ineligible for coverage by their carrier may submit an invoice after payment to their carriers to seek reimbursement. Carriers make it clear that even when eligibility has been confirmed, there is no "guarantee" of coverage. We encourage patients to request an explanation of benefits (EOB) from their carrier in order to maintain transparency and understand what their financial responsibility is for a given service. Our office does reserve the right to use a third party collections agency to recover any monetary balance. The ultimate responsibility of any monetary balance is that of the financially responsible party.

>COVID 19 Protocols : Please visit our website to read our in office signage that covers updated protocols to keep staff and patients safe during COVID. This includes requiring patients to use a face covering, a reduced patient schedule, employing a "no- show" fee for patients who do not provide 24h notice for an exam and digital retinal imaging (DRI) for all patients to reduce person-to-person contact (The annual DRI screening fee has been temporarily reduced from \$40 to \$30 until further notice)

I have read and understand above:

Signature of financially responsible party (patient/patient's parent/guardian):

Print Name:

Date: _____