



Jai G. Parekh "DrJ", MD, MBA, FAAO
Cornea, Cataract, Interventional Glaucoma
Comprehensive Eye Care & Surgery

Swati J. Parekh, MD, FAAO
Cataract, Comprehensive
Eye Care & Surgery

Payal P. Patel, OD, FAAO
Comprehensive Eye Care
Contact Lens & Telehealth Services

David E. Freilich, MD, FAAO
Oculoplastic & Surgery

Paul N. Guerriero, MD, FAAO
Vitreoretinal Diseases & Surgery

Notice of Privacy Policy

Our Notice of Privacy Policy provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care options. You have the right to revoke this consent, in writing, signed by you. However, such revocation shall not affect any disclosures we have already made in reliance on your prior consent. The practice provides this form to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations.
- The practice has a Notice of Privacy Policy which the patient has the opportunity to review.
- The practice reserves the right to change the Notice of Privacy policies.
- The patient has the right to restrict the uses of their information but the practice does not have to agree to those restrictions.
- The patient may revoke this consent in writing at any time and all future disclosures will then cease.
- The practice may condition treatment upon the execution of this consent.

I have read and understand the terms of this Notice of Privacy Policy Consent.

Patient/Guarantor Signature

Date

Patient/Guarantor Name

Date



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ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

Our physicians and staff are dedicated to assisting you to make sure that your health insurance has all of the information necessary to reimburse for all covered services. Your health insurance may not pay for all of your health care costs; you, your employer and your insurance company largely determine your health benefits. Health insurance only pays for covered items when their rules are met.

INSURANCE COVERAGE

It is your responsibility to be aware of your insurance coverage, policy provisions, exclusions and limitations as well as authorization requirements. This information is furnished by the insurance carrier.

We attempt to verify that your coverage is valid at the time of your visit. However, if your coverage is not in effect at the time of your visit, you will be responsible for the payment.

INSURANCE CHANGES

If you have had any changes in your insurance coverage, please notify us. Failure to do so may result in a claim denial and you will be billed.

CO-PAYMENTS, CO-INSURANCE AND DEDUCTIONS

Co-insurance and co-payments are the patient's/guarantor's responsibility. Co-payments are due at the time of the visit.

Deductibles are the patient's/guarantor's responsibility. The deductible is determined by the contract you have with your health insurance carrier.

REFERRALS

If your plan requires, it is your responsibility to obtain referrals from your Primary Care Physician prior to your visit. If you wish to be seen without referral, payment is due at the time of the visit.

INSURANCE REQUESTS

You are responsible for responding to insurance company requests for further information.

INSURANCE PAYMENTS

Any insurance payments sent to you should be forwarded to our billing office with a copy of the Explanation of Benefits (EOB) received.

I have read and understand the terms of this Financial Responsibility Agreement.

Patient/Guarantor Signature

Date

Patient/Guarantor Name

Date



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REFRACTION & CONTACT LENS FITTING AGREEMENT

Dear Patient,

Refraction is a service that determines the prescription of eyeglasses and contact lens.

Refraction is a vision service that is **not covered** by many medical insurance plans, including Medicare, HMO's, etc., even though it is recognized as an integral part of a comprehensive eye exam.

Depending on your insurance coverage, we will collect the **\$50 payment** for your glasses prescription on the date of your visit. Otherwise, we will bill your insurance company for the refraction service provided during your eye exam. If your insurance company denies payment, you will be responsible for the bill.

Is The Prescription for Contact Lens & Glasses The Same?

Contact lenses and glasses both serve to correct refractive errors but they are **not the same**. They are distinctive because glasses and contact lenses are positioned differently on your eye. Glasses sit at about approximately 12 millimeters from your eye and contact lenses sit directly on the eye's surface. Contact lens prescriptions also require further specifications that glasses do not, including lens diameter, base curve, lens name and brand and expiration date.

Contact lens prescriptions are **not covered** by medical insurances. The fitting fee depends on your prescription and visual needs.

I have read and understand the terms of this Refraction & Contact Lens Fitting Agreement.

Patient/Guarantor Signature

Date

Patient/Guarantor Name

Date