



Casey N. Roland, O.D.  
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**PAYMENT & INSURANCE POLICY, CONSENT & HIPAA**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

**PAYMENT POLICY/ASSIGNMENT OF BENEFITS to FILE INSURANCE/RELEASE OF INFORMATION:**

I hereby authorize payment directly to SPECS Eye Care. All Self-Pay or Insurance Co-Pay, including non-covered services, are due at the time of service. I understand that I am responsible for all charges not covered by my insurance. Self-Pay discount is not allowed for services billed to my insurance carrier. I hereby authorize release of all information necessary to pay my claim. There is a **\$50** insufficient funds fee for all returned checks. There will be additional fees for any past due balances that are transferred to a collection agency.

Insured/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION (HIPAA)**

I have had full opportunity to read and consider the contents of this consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and health care operations.

Insured/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other than yourself, do you authorize our office to discuss your health information with another family member or spouse? (Circle one) YES NO Name of person: \_\_\_\_\_

**ROUTINE VISION PLAN vs. MEDICAL INSURANCE**

There are **two types** of health insurance that will help pay for your eye health services and products. You may have both types and Specs Eye Care accepts most vision care plans and insurance plans in both categories: (1) **Routine** Vision plans (such as VSP or EyeMed) and (2) **Medical** insurance (such as Blue Cross/Blue Shield, United Health Care, Medicare and others).

- Vision Plans cover **ONLY** routine vision wellness exams and may include eyeglasses, sunglasses and contact lenses. Routine Vision plans do **NOT** provide for MEDICAL EYE HEALTH CARE NEEDS (such as diabetes, dry eye disease, infections, floaters, etc)
  - Medical Insurance **MUST** be submitted for any medical eye healthcare diagnoses and treatment care and follow-up per national billing guidelines.
  - If you have both Routine Vision Care benefits and Medical insurance plans, it may be necessary for us to submit and bill some services to one plan provider and some services to the other plan provider. We will follow a procedure called "Coordination of Benefits" to do this properly and to maximize your best advantage and least cost to you.
  - Where some fees for services and products are not paid by your vision plan or medical insurance providers, you will be responsible for them, including deductibles, co-payments and non-provider services as specified by the insurance contract.
- Please provide both your routine vision plan provider and medical insurance card(s) and identification, for your benefit, to our staff so we can make a copy. We will need your medical insurance or Medicare card on file in case we should need it in the future for submitting a claim on your behalf with your insurance.

**By signing below, I acknowledge that I fully understand the difference between Routine vs. Medical Insurance:**

Insured/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_