Bedford Family Eye Care
Jared P. Quesenberry, OD, PLLC
Office Policies and Practices

Patient Name: ____ Date of Birth: ____________________

Financial Responsibility

As a courtesy to you, we will submit the billing for today's services to your insurance carrier if we are a participating provider for that plan. Any balance not paid by your insurance carrier is your responsibility, and you will receive a statement for payment. Unless prior arrangements are made, full payment is due at the time of service. For your convenience, we accept Discover, MasterCard, Visa, and CareCredit. Copayments will be collected at the time of your appointment. Please note that professional fees are not refundable. Prescription rechecks are available at no charge for 90 days from original exam. After 90 days, it is at the doctor's discretion.

I understand that payment is due at the time services are rendered. If my account is assigned to a collection agency, I agree to pay all collection agency fees, court costs and attorney fees in addition to the amount owed to Bedford Family Eye Care. I agree that this authorization shall be valid until rescinded in writing or replaced by an updated agreement.

I have read and understand the above (Initials) __________________

Vision and Medical Insurance Plan Notice

See the reverse side for details regarding the difference between Routine Vision Plans and Medical Insurance Plans. Our office accepts both and will bill according to our doctor's determination.

I have read and understand the above (Initials) __________________

Contact Lens Patient Agreement

Please be aware that the fitting/evaluation and management of contact lenses is performed in addition to your eye exam and there is a separate fee for this service. This service must be performed within 3 months of your comprehensive exam or an additional refraction fee will apply. The evaluation and management fee is based on the type of contact lenses prescribed and the complexity of the evaluation and management process. **It may not be covered by insurance.**

I have read and understand the above (Initials) __________________

Appointment Cancellation Policy

In fairness to other patients and the doctor, we require at least 24 hour notice to cancel an appointment. You may be charged $50.00 for each appointment that was missed or not cancelled with 24 hour notice. Missing more than two appointments without providing 24 hour notice is grounds for discharge from the practice.

I have read and understand the above (Initials) __________________

Consent for Use and Disclosure of Health Information

I understand that the privacy practices of Bedford Family Eye Care is in compliance with the Health Insurance Portability and Accountability Act (HIPAA). I acknowledge that I may request a copy of this Act from the front office staff. I have had full opportunity to read and consider the contents of this Consent form and Notice of Privacy Practices. I understand that by signing this Consent form, I am giving my consent to Bedford Family Eye Care's use and disclosure of my protected health information to carry out treatment, referrals, payment activities, and health care operations. Insurance claim information is transmitted via secure internet connection. Bedford Family Eye Care may also send me email correspondence, such as recall notices.

Signature: ___________________________________ Date: ____________________

If this Consent is signed by a personal representative on behalf of the patient, complete the following:

Personal representative's Name: ____

Relationship to Patient: ____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.

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Vision and Medical Insurance Plan Notice

There are TWO types of insurance plans that will help pay for your eye care services and products. You may have one or both.

1. Routine Vision Care Plans (such as VSP, EyeMed, PCHP or Superior Vision)

- Routine Vision Care Plans: routine vision exams include basic screening for eye disease along with eyeglasses and contact lenses. They generally do not cover the medical diagnosis, management or treatment of eye diseases. If there is a medical problem causing your vision problems, your exam will be billed medical. If other medical problems are found during a routine eye exam that requires further management or treatment, a follow up office visit will be recommended. Please discuss this with the doctor if you are concerned about how your visit will be billed.

2. Medical Insurance Plans (such as Medicare, Medicaid, Anthem, Aetna, Blue Cross Blue Shield, Cigna, Humana, PCHP, United HealthCare, Virginia Premier, etc)

- Medical Insurance Plans: these are used if you have any eye health problem or systemic health problems that have ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by your case history.
- Any other special diagnostic testing (photos, visual fields, pachymetry, gonioscopy, scanning laser) is often subject to unmet deductibles and may or may not be covered by your plan. Please discuss this with the doctor if you are concerned about how your visit will be billed. We are happy to work with you if possible to ensure you get the care you need at a cost you can afford.

- If your office visit is billed medical, the refraction portion (where the doctor determines your glasses prescription) is billed separately and in most cases is not covered by your medical insurance. If you do not want new glasses or contact lens prescription and just need an eye health exam, please inform the staff and eye doctor, and you will not be charged for the refraction.

If you have both types of insurance plans it may be necessary for us to bill some services to one plan and other services to the other. We will use coordination of benefits between your medical and vision plans as it states in our contract with them.

I have read and agree with these policies.

Please sign the agreement on the reverse side of this form.