

Authorization of Examination, Treatment, Signature on File, and Assignment of Benefits

 Patient Name (Print) Member Name if Different

 Insurance

DILATING EYE DROPS: Dilating drops are used to dilate or enlarge the pupils of the eye to allow the eye doctor to get a better view of the inside of your eye. Dilating drops frequently blur vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for your eye doctor to predict how much your vision will be affected. Because driving may be difficult immediately after an examination, it's best if you make arrangements not to drive yourself. Adverse reaction such as acute angle-closure glaucoma may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention. I hereby authorize my eye physician and/or technical assistants as may be designated by him/her to administer dilating eye drops. The eye drops are necessary to diagnose my condition.

PRIVACY PRACTICE/RELEASE OF INFORMATION: The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

MEDICARE/OTHER INSURANCE: I understand that my doctor may provide services and/or devices he/she deems necessary for my care/treatment which insurance may not cover. My doctor's decision is a professional one made in my best interest. To this end, I hereby authorize and accept full responsibility for the charges associated with such services and/or devices.

I authorize Asheville Eye Associates to use this signature as a release to my insurance company, or the billing agent of this physician or supplier, any information needed for this or a related insurance claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or the party who accepted assignment. I may revoke this authorization by notifying Asheville Eye Associates in writing.

I request that payment of authorized Commercial Insurance benefits be made on my behalf to Asheville Eye Associates for any services furnished to me by that physician/supplier. I authorize any holder of medical information about me to release to Asheville Eye Associates any information needed to determine these benefits for related services.

NON-COVERED SERVICES: I understand that Asheville Eye Associates' contracts with health care service plans, i.e., HMOs, PPOs, relate only to items and services which are "covered" by the health care service plans. Accordingly, the undersigned accepts full financial responsibility for all items or services, which are determined by the health care service plans not to be covered. Examples of non-covered services include but are not limited to services not specified as being covered in the patient's contract with a health care service plan or in the benefit summary the health care plan furnishes to the patient, and treatment or tests not authorized by the health care service plan. The undersigned agrees to cooperate with Asheville Eye Associates to obtain necessary health care service plan authorizations.

Medicare **will** cover eye examinations for the purpose of diagnosing or treating medical eye problems. Medicare **will not** cover "routine" eye examinations if the patient has no complaint about his/her vision or any medical conditions affecting his/her eyes. The measure of your eyes for glasses/contact lens is called "refraction." You will be billed separately for these procedures if your eyes are checked for glasses and/or contact lenses. Medicare **never** pays for a refraction.

FINANCIAL POLICY: I acknowledge receipt of Asheville Eye Associates Financial Policy.

 Patient Signature or Authorized Party

 Date

 Witness

 Date