_____ Copays and Past Balances

Please note that verifying insurance coverage and obtaining authorization is your responsibility. If you have a question about your coverage, please contact your insurance provider directly. If we file a claim and it is denied because our services are not covered under your plan, you will be billed directly for all cost associated with your visit.

- I accept full financial responsibility for the cost of any uncovered services if provided, and understand payment is due at time of service. I understand that any copayment, coinsurance or deductible I may have is separate from and not included in these fees. I also understand that an additional $30 collections fee will be charged to any account that is turned over to the collections agency for non-payment of services.

_____ Precaution following Dilation:

It may be necessary to dilate your eyes during your eye examination or treatment. Dilation results in sensitivity to light and an inability to see well at close range or distance for a few hours. Patients should wear sunglasses, be cautious walking and going up or down stairs. We recommend not driving or operating dangerous machinery immediately after dilation. We recommend that someone drive you home or that you wait until your eyes return to normal so that you can drive safely.

_____ Refraction Fee:

A refraction is necessary to determine the performance of the visual system and is an essential part of the medical eye exam. Although a refraction is used to determine the need for corrective eyeglasses or contact lenses. It is also necessary to evaluate a patient for eye surgery.

- Unfortunately, some insurance plans (including Medicare) DO NOT cover the cost of refractions. In these cases, the patient will be responsible for the refraction charge. If your plan does not cover the refraction you will be responsible for paying the $45.00 refraction fee at the time of service in addition to any copayment your insurance plan may require.

_____ Corneal Topography:

As part of today's visit you may receive a necessary test called corneal topography to appropriately evaluate the shape of your eye. Corneal Topography provides your surgeon with detailed information about your eye specifically astigmatism and is an important part of your exam.

- Unfortunately, some insurance plans DO NOT cover the cost of corneal topography. In these cases, the patient will be responsible for the charge. If your plan does not cover the corneal topography you will be responsible for paying the $50.00 refraction fee at the time of service in addition to any copayment your insurance plan may require.

_____ NO SHOW APPOINTMENT

If you are unable to keep an appointment, we ask that you kindly provide us with at least 24 hour notice. This will make it possible to give your appointment to another patient. Failure to notify the office may result in a $25 service fee.

_____ Completion of ANY forms (including DMV and FMLA)

There is a $25 completion fee for any type of form submitted to this office. This fee must be paid at the time the form is submitted or requested. Because of the volume of forms received, please allow 5 business days to complete.

Carolina Cataract & Laser Center Privacy Practice is posted in the lobby, should you choose to read it. Copies can be provided on request.

By signing at the bottom, you have read and understand the information.

Patient Signature	Patient PRINT NAME	Date