

Patient Consent, Acknowledgement & Contact Lens Agreement



Please read each section carefully and sign below to confirm your understanding and agreement.

1. HIPAA Privacy Acknowledgement

I acknowledge that I have been offered a copy of Premier Eye Care's Notice of Privacy Practices and understand how my health information may be used and disclosed.

2. Financial Agreement & Policy

- My insurance policy is a contract between my insurance company and me.
- As a courtesy, Premier Eye Care will bill my insurance using the information I provide at the time of my appointment.
- Full payment is due at the time of my visit for services and products not billable to insurance.
- If I do not provide proof of insurance, full payment is required at the time of service.
- Our contract with my insurance requires collection of any copays, deductibles, or non-covered services at the time of service.
- It is my responsibility to contact my insurance company with any questions about coverage.
- Responsibility for payment transfers to me once a response is received from my insurance company.
- If payment is not received from my insurance within 90 days of service, I am responsible for the full balance.
- Accounts unpaid after 120 days may be turned over to a collection agency.

- Premier Eye Care cannot guarantee coverage, payment, or reimbursement; I am ultimately responsible for all charges.

3. Access to Medical Records & Prescriptions

I understand that I will have access to my medical records and prescriptions through the secure patient portal. I may also request printed copies if needed.

4. Consent to Treatment and Communication

I consent to receive evaluation and treatment from Premier Eye Care providers. I authorize communication via phone, voicemail, text message, email, or patient portal regarding appointments, billing, and care.

5. Contact Lens Professional Fees (if applicable)

Our optometrists have the expertise to fit all types of contact lenses, including medically necessary lenses. An annual contact lens evaluation is required to renew your prescription and ensure the proper fit, power, and eye health. Contact lenses are an FDA-regulated medical device and require a valid prescription to purchase or dispense. The contact lens exam is **not part of a routine eye exam** and is billed separately.

Your professional fee includes:

- Initial diagnostic lenses
- Insertion and removal instruction
- Starter solutions (if needed)
- Education on care, use, and handling of contacts
- Evaluation of lens fit and prescription
- Follow-up visits for up to 3 months

Professional fees vary based on lens complexity and level of service. Most insurance plans **do not cover** this fee, and **payment is due on the day of service**.

Signature of Patient or Legal Guardian:

Date: