

## **FOR ALL PATIENTS: CONFIDENTIALITY NOTICE**

Any patient documents released from this office will be done so ONLY at the written request of the patient or patient's guardian. Documents, in this instance, refer to any patient medical records, contact lens prescriptions, or glasses prescriptions.

I understand that payment for all services is due in full at the time services are rendered, unless arrangements are made prior to the scheduled appointment.

## **FOR PATIENTS WITH VISION INSURANCE**

In an attempt to prevent confusion and misunderstanding, you may ask the insurance staff at Dr. Ragsdale's office to explain your insurance benefits to you **prior to** your examination. However, payment by your insurance company is never guaranteed, therefore:

\* In the event that my insurance does not pay the claim, I agree to pay the balance.

**Patient's or authorized person's signature:** I authorize the release of any medical or other information necessary to process my insurance claim. I also authorize government benefits to the party who accepts assignment.

## **FOR OUR CONTACT LENS PATIENTS: PLEASE READ TO AVOID CONFUSION**

The contact lens fitting, **IS A SEPARATE EXAMINATION AND FEE**, from the comprehensive eye health examination and refraction, needed for checking your eye health as well as receiving a prescription for glasses. The contact lens exam will allow the doctor to provide the proper fit and prescription of your contacts as well as to evaluate your vision with the contacts. **BOTH EXAMS AND REFRACTION ARE NEEDED TO BE ABLE TO WEAR CONTACTS.** It is the policy of this office that the 1<sup>st</sup> pair of annual wear soft lenses or gas permeable hard contact lenses be purchased in our office. Our disposable lenses wearers may receive 2 diagnostic trial lenses, at no additional charge, by purchasing at least 1 box of contacts for each eye. Also, each contact lens patient is required to return 1 week from the initial contact lens dispense date for a progress check by the doctor. These requirements allow the doctor to ensure the healthy fit of the prescribed contact lenses on your eyes and evaluate your vision with the contacts. **If you have questions regarding the exact price of your contact lens PLEASE ASK AFTER your contact lens examination, so that it may first be determined by the doctor, which contact lenses are best suited for you.** If at that point it is determined that contacts lenses are not for you, ONLY the comprehensive eye health examination and refraction fee will be charged.

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If patient is a minor or unable, parent/caretaker signature: \_\_\_\_\_

If Nursing staff completed, sign here: \_\_\_\_\_ Date: \_\_\_\_\_