

All Services are the Responsibility of the Patient: Gordy EyeCare will gladly bill your primary insurance. I understand that insurance benefits must be determined prior to my exam. If I become aware of insurance coverage after services have been rendered, I agree to personally submit the claim to my insurance company for reimbursement. I understand that when my insurance company requires a referral from my primary-care physician, and I do not furnish the correct referral at the time of service, I will be responsible for payment if my insurance company refuses my claim. I also understand and acknowledge that I am financially responsible for non-covered services and any unpaid insurance balance over 45 days past due.

Payments, Co-pays and Deductibles are Due at Time of Service: I understand that not all services and materials may be covered by my insurance or may exceed benefits or coverage. I agree to pay all payments, co-pays and deductible at the time of service for all services and materials.

Materials: I understand that eyeglasses are custom made to fit each patient's needs. Therefore Gordy EyeCare will not be held responsible for any materials not picked up after 90 days. The initial deposit made for glasses to be ordered will be kept to cover our expenses.

Returned Checks: There is a \$30.00 fee for any check returned by the bank. Plus a bank fee of \$9.00. This fee will be added to the unpaid balance and must be paid by cash or credit card. If the fee and balance are not paid by the patient, your check will be turned over to Lee County Worthless Check Unit. Also, check writing privileges will be suspended.

Patient's Name: _____ (please print)

Responsible Party
(if not the patient): _____ (please print)

Signature: _____ Date: _____

DILATION

Eye drops are used that temporarily act to increase the size of the pupils. These drops also temporarily decrease the ability to change focus from one distance to another, mainly near focus. By enlarging the pupils, Dr. Gordy can examine the inside of your eyes more thoroughly, and provide you the very best in eye care. Without pupillary dilation, certain eye diseases and abnormalities can go undetected. The disadvantages to having your eyes dilated include temporary slight stinging upon installation of the drops, blurry vision at near and light sensitivity. (*Your driving may be affected, great caution is advised.*) We recommend a dilated examination for 1) all new patients, 2) patients at risk for, or with pre-existing eye diseases, or 3) routinely every 1-3 years.

I give my consent for pupillary dilation if necessary. Yes No _____ (Initial)

ACKNOWLEDGEMENT RECEIPT

By placing a check below, I acknowledge I have been offered a copy of Gordy EyeCare's Notice of Privacy Practices.

Yes, I would like to receive a copy of Gordy EyeCare's Notice of Privacy Practices.

No, I do not wish to receive a copy of Gordy Eyecare's Notice of Privacy Practices.