



Today's Date _____

Please update any of the following information.

Patient Name: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Gender: _____

Primary Phone #: _____ Home Cell Work

Secondary Phone #: _____ Home Cell Work

Email Address: _____

Can we leave voicemails regarding your health information, including test results? Yes___ No___

Financial Responsible Party (If same as above skip this section)

Name: _____ Relationship: _____ SS# _____

Address: _____

Primary Phone #: _____ Home Cell Work

Secondary Phone #: _____ Home Cell Work

Emergency Contact I authorize Centennial Eye and Cosmetic Associates to share my personal information with the following People:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Primary Medical Insurance

Company: _____ ID#: _____ Group # _____

Secondary Medical Insurance

Company: _____ ID#: _____ Group # _____

Vision Insurance

Company: _____ ID#: _____ Group # _____

Financial and Privacy Policies

As a member of an insurance plan, I am aware that I am required to bring my current insurance card and obtain a referral, if necessary, in order to receive benefits for specialty care from Centennial Eye Associates. If I do not have a valid referral or authorization from my insurance company, I understand I am fully responsible for all charges incurred.

I agree that I am responsible for all co-payments, deductibles, co-insurance, non-covered services, and amounts exceeding any maximum benefits outlined by my insurance plan, at the time of service. Although these charges are normally collected at checkout, we may ask you to confirm your ability to pay when you check in. If you are unable to pay for the services we provide, we may reschedule your appointment.

I understand that in the event my insurance company does not pay for services rendered by Centennial Eye Associates, I agree to accept full financial responsibility for any direct or ancillary charges for services rendered on behalf of myself and/or my dependents.

I hereby authorize payment of all benefits to Centennial Eye Associates for services rendered. I authorize the release of any medical information necessary to process this claim and all future claims. I authorize the use of this signature on all insurance submissions.

Our policy is to bill insurance claims as a courtesy to our patients. We accept payment from insurance companies ("assignment of benefits"), but insurance companies require that you pay your portion, according to the terms of your plan, including co-payments, coinsurance and deductibles.

Our billing department will make every reasonable effort to obtain a timely response from your insurance company. Any insurance claim not paid in a timely manner by your insurance company may become your responsibility. Furthermore, health insurance is a contract between the insurance company and you (*the patient*), making the responsibility of payment for the services rendered the patient's. Credit balances will be applied to future services unless a refund is requested.

Advanced Notice Agreement

Centennial Eye and Cosmetic Associates requires a 24-hour advance notice for all canceled or rescheduled appointments. Without the proper notice, you will be charged a "No Show" fee of \$50.

Check Acceptance Policy

Centennial Eye Associates tries to make paying your bill as effortless as possible. We do accept personal checks for payment, however, checks may be subject to all penalties under the Colorado Returned Check Law: CRS 13-21-109. We reserve the right to report bad checks to the State District Attorney's Office. Our returned-check fee is \$50.00 and the loss of accepting checks as payment in the future.

Late Fees & Collections

If an account becomes delinquent (more than 30 days old, aged from the date of service), we may assess a late fee. Should an account be unpaid after 90 days, we may turn the account over to an outside collection agency. There is a \$50.00 collection service fee added to all collection status accounts.

Optical Department Purchases

*Due to the highly customized nature of eyeglasses and the unique prescription in them, **we cannot offer refunds on purchases. All purchases of eyeglasses are final.** We are happy to adjust your prescription if necessary. Any changes to prescription eyeglasses must be made within 90 days of the original purchase. Contact lens fitting fees are separate from the standard annual eye exam fee. Fees are based on complexity of your prescription and are needed annually in order to purchase contact lenses.*

CEA PATIENT HIPAA ACKNOWLEDGMENT AND PATIENT INFORMATION RELEASE

My signature below confirms that I have been offered a copy of CEA's HIPAA policy and been informed that all Centennial Eye and Cosmetic Associates employees, appointees and assigns are operating in compliance with the Health Insurance Portability and Accountability Act (HIPAA Privacy Act). I understand that the goal of the HIPAA Privacy Act is to protect my personal information and treatment from being observed by another patient or unauthorized persons.

In keeping with the effect to maintain and protect my privacy. I hereby authorize Centennial Eye and Cosmetic Associates Employees, appointees and assigns to contact me via postcard and postal services or to leave me voicemails and text messages on my work, home or cell phone, as provided, to remind me of regular check-ups, to confirm appointments, to request a follow up visit or to notify me of any special programs offered from this facility.

I have read, understand and agree to the **Financial and Privacy Policies** outlined above. Unless under emergency circumstances we will be unable to see any patient who refuses to sign.

Patient Name (print clearly)

Patient Signature

Date

KNOW THE DIFFERENCE “ROUTINE VISION EXAM” vs. “MEDICAL EXAM”

Most **routine vision** insurance plans do ***not*** pay for medical exams, and many **medical** insurance plans do not cover routine vision exams. Therefore, it is important to know the difference.

A **routine vision exam** using an insurance plan (such as VSP, EyeMed, or A vision care plan) is acceptable if you have no medical complaints or past history of ocular disease. However, if you come in to see the eye doctor and you are experiencing symptoms or complaints of an eye problem, or have a diagnosis of an ocular condition and or disease, this may no longer be considered a routine vision exam. Instead, it is regarded as a medical exam.

In a **medical exam**, your doctor may spend extra time reviewing details of the problem and diagnosis of your eye condition. The doctor may also want to do additional testing to further evaluate your eye condition. *Pre-existing ocular conditions or diseases may include but are not limited to: diabetes, cataracts, macular degeneration, high myopia, corneal dystrophies, glaucoma, ect..*

If your exam is a medical exam, your insurance company may then require a separate copayment, a higher deductible or out-of-pocket expenses, and or a referral from your primary care physician in accordance with the terms of your insurance plan benefit. We will always try to assist you in determining what benefits you may be eligible for. However ultimately, it is the patient’s responsibility to determine this. Depending on the outcome of your exam, your insurance plan(s) may require us to bill the exam in a way that is contrary to your wishes.

Our mission is to provide the best state-of-the-art, high-quality, and educational eye care available in a friendly, “no-wait” atmosphere. If you have any questions regarding your insurance coverage, please contact the **Member Services** number listed on your insurance card. Any credit balances on your account will be applied to future services unless a refund is requested.

Initials: _____