

Welcome to Tumwater Eye Center Inc. and VUE: Vision Uniquely Experienced HIPAA FORM

HIPAA Notice of Privacy Practice: Please select your agreement to only ONE of the following choices.

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- I was given the opportunity to read, but declined to read the Tumwater Eye Center, Inc. Notice of Privacy Practices, and agree to continue my care with Tumwater Eye Center, Inc. under the terms of Tumwater Eye Center, Inc. Notice of Privacy Practices.
- I have read or had explained to me the Tumwater Eye Center, Inc. Notice of Privacy Practices and prior to any care given, agree to continue my care with Tumwater Eye Center, Inc. under the terms of Tumwater Eye Center, Inc. Notice of Privacy Practices.
- I have read or had explained to me the Tumwater Eye Center, Inc. Notice of Privacy Practices and prior to any care given, do not wish to continue my care with Tumwater Eye Center, Inc. under the terms of Tumwater Eye Center, Inc. Notice of Privacy Practices.
- Due to the emergent nature of care needed as described below, I am unable to read the Tumwater Eye Center, Inc. Notice of Privacy Practices but agree to continue my care under the terms of Tumwater Eye Center Inc. Notice of Privacy Practices.

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Patient Printed Name

Patient or Representative Signature

Date

If you are signing as a personal representative of the patient, please indicate your relationship

Representative Printed Name

Relationship to Patient

Release of Information:

I give the following person/persons permission to request information about my care at Tumwater Eye Center, Inc. I understand I may revoke permission **in writing** at any time.

Name

Relationship to Patient

Name

Relationship to Patient

Patient or Guardian Signature

Date

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- **Identification:** Please present a form of photo identification: drivers license, passport, or other.
- **Insurance:** Please present your current insurance card(s) at each visit and inform us of changes. Insurance plan benefits, hardware contributions, and referrals required are your responsibility. As a courtesy, we will attempt to verify your eligibility, benefits, and referrals prior to each visit. Coordination of secondary insurance benefits may be considered on a case-by-case basis. You are financially responsible for deductible amounts and non-covered services performed. A \$20.00/ month fee will be added to any unpaid balances starting 30days after the first billing statement of balance due has been mailed. Copay(s) and account balances will be collected at the end of your visit.
- **Medical Eye Care:** Examinations for medical conditions will be billed to your primary medical insurance. Examples of medical conditions include: diabetes, allergies, dry eye, lid disease, double vision, glaucoma, cataracts, macular disease, itching, red, watery eyes, and issues related to oral medications.
- **Vision Care:** Routine vision care to update glasses prescriptions only may be billed to your vision plan. Medical conditions are not covered and therefore will not be evaluated during these visits. If medical conditions exist, a medical appointment is needed to evaluate and treat the conditions.
- **Glasses, Repairs, and Warranties:** Once a frame is chosen, ordered, and paid for, it is yours. All Sales Are Final! No returns, refunds, or cancellations will be considered. Many of our frames include a 2 year manufacturers defect warranty. Frame warranty is voided if broken or damaged due to accidents or patient attempted repair. Our office is not liable for damage due to frame adjustments, made at patients request, on frames out of warranty or on frames that have not been purchased from our offices. Anti-reflective/non-glare coating includes a 2 year warranty against scratches.
- **Parental Guardian:** Parents are required at all examinations for your children until they are 18 years old.
- **Appointment Reminders:** By signing below, you agree to permit Tumwater Eye Center, Inc. to remind you about your appointments and glasses pick-up notifications via text messaging, e-mail, cell phone, or other phone numbers provided.
- **Missed Appointment Fee:** Appointment reminders are sent via text, email, and phone. If you do not show up to your appointment or cancel within 48 hours of your appointment time, a \$50.00 fee will be added to your account balance and billed accordingly.
- **Assignment and Release:** I authorize the release of any medical or other information necessary to process claims from the offices of Tumwater Eye Center, Inc. I also authorize payments of insurance benefits to be paid to the provider and/or Tumwater Eye Center, Inc.

By signing below I acknowledge receipt and agree to the above Tumwater Eye Center, Inc. policies and I agree that I am financially responsible for any balance due.

Patient or Guardian Printed Name

Patient or Guardian Signature

Date