

Patient Bill of Right

Welcome to DIAMOND K EYE CARE. Our doctors and staff members are dedicated to serving your visual needs with the best professional advice, care and service obtainable. If you have any questions during your vision examination today, please feel free to ask any of our staff members. We will be happy to assist you.

The following general office policy applies to ALL patients:

1. All payments for services and materials rendered are due at the time they are ordered. We accept cash, checks and credit cards. **All professional fees are non-refundable.**

2. **Insurance Policy:**

Diamond K Eye Care accepts most, but not all vision and medical insurance plans. If we are in-network providers for your insurance plan, we will gladly submit your insurance on your behalf. We will only file to the insurance you provided to us at the time you *scheduled* the appointment. Any insurance information presented thereafter, including at the time of the scheduled appointment, will be the responsibility of the patient to file. We will gladly provide you with a detailed receipt for you to file with your insurance company. For out-of-network insurance plans, we request full payment for your exam and will provide you with a detailed receipt to submit to your insurance company for personal reimbursement. Some patient conditions and exam procedures default coverage by insurance plans. It is the responsibility of the patient to cover any fees that may not be covered by their insurance plans.

3. **Eyeglass Prescription Policy:**

Prescriptions written by our doctors can be filled at any optical dispensary in the state of Texas. If for any reason a patient's glasses prescription needs to be re-checked, follow-up visits are included at no charge for three (3) months from your original exam date. After three (3) months, an office visit charge will apply. Although most optical dispensaries allow doctor prescription changes at no charge, it is up to the patient to inquire about such policies in advance of purchase. Diamond K Eye Care and its associates are not responsible for any fees incurred from the optical dispensaries for remake of glasses prescriptions.

4. **Contact Lens Policy:**

The medical evaluation and management of your contact lenses is a separate exam from the basic glasses exam. Fees for the contact lens evaluation vary based on the patient's prescription and patient contact lens needs. A contact lens evaluation includes a prescription for both glasses and contact lenses. All follow-up visits within a thirty (30) day period from the original exam date are included in your initial payment package. However, after the thirty (30) days, patients are charged a re-fitting fee for follow-up visits.

I have read and understand my Patient Bill of Right:

Signature: _____ Date: _____



Roman Y. Klufas, O.D., O.G.S.

Understanding Medical Insurance & Vision Plan Coverage

We often have patients that have both vision and medical insurance. They are very different in terms of the services they cover and it's important for our patients to understand these differences.

Vision coverage is designed mainly to cover determining a prescription for glasses, to help pay for glasses or contact lenses and to cover a routine evaluation in a healthy patient, that does not have any particular problems or symptoms. It is not equipped to deal with and does not usually cover medical conditions and/or treatment plans. Similarly, medical insurance is designed for when you have a medical problem that affects the eyes, and it may not cover routine services or examinations for glasses or routine vision problems such as nearsightedness, farsightedness and astigmatism.

When a medical diagnosis or medical condition is present that affects your eyes, such as high blood pressure, high cholesterol or diabetes, to name just a few examples, or you have an eye disease or eye problem such as an infection (pink eye), dry eyes, allergy or cataracts, again, just to name a few, we most often file the claim with your medical insurance, and the co-pays and deductibles for that insurance will apply. Your vision plan does not cover these kinds of problems. Our office does not make these rules, the insurance companies themselves make these rules, and we must comply with them.

There is often no way to know which type of insurance will be the right one to file your claim with until your visit. We make every effort to be on as many insurance panels, both medical and vision, as we can for your convenience. If we are on your insurance company's panel, we will file those claims for you. In the event that we do not accept your medical insurance or vision plan, we will provide you with an itemized receipt you so that you may file a claim with your insurance for reimbursement. If you have any questions, please let us know.

I understand the information I've just read about the difference between vision and medical insurance and I authorize Diamond K Eye Care to file my claim with the appropriate insurance based on the reason for my visit and the results of my examination.

X _____ Date: _____

In the event that my medical insurance and vision plan do not cover my visit in full, I understand that it is my responsibility to cover any remaining fees.

X _____ Date: _____

Cancellation and Missed Appointment Policy

Our goal is to provide quality, individualized eye care in a timely manner. "No-Shows" and late cancellations inconvenience those individuals who need access to eye care in a timely manner. We would like to remind you of our office policy regarding missed appointments. This policy enables us to better utilize available appointments for our patients in need of eye care.

Cancellation of an Appointment

In order to be respectful of the eye care needs of other patients, please, be courteous and promptly call Diamond K Eye Care if you are unable to show up for an appointment. This time will be reallocated to someone who is in need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand and your early cancellation will give another person the possibility to have access to timely eye care.

How to Cancel Your Appointment

To cancel your appointment, please call 210-651-3926. If you do not reach the receptionist, you may leave a detailed message on our voicemail. If you would like to reschedule your appointment, please leave your phone number. We will return your call, scheduling the next available appointment time.

Late Cancellations:

A late cancellation is considered when a patient fails to cancel their scheduled appointment within a 24-hour advance notice. Failure to cancel in a timely manner will be recorded in your medical record as a "cancellation."

No Show Policy:

A "no show" is someone who misses an appointment without cancelling it in an adequate manner. A failure to be present at the time of your scheduled appointment will be recorded in your medical record as a "no-show."

- First missed appointment: there will be no charge
- Second missed appointment: \$25 fee will be billed to your account
- Third missed appointment: \$50 fee will be billed to your account

Patient/Guardian Signature: _____ **Date:** _____

Please read entire form & choose *one* for your appointment.

Optomap Retinal Imaging

In our continued effort to bring advanced technology to our patients, Diamond K Eye Care offers the Optomap Retinal Exam as an integral part of your eye exam today. This technology will provide us with an opportunity to detect certain diseases at an earlier stage. It's an alternative screening to the dilation process but doesn't replace it. A dilated exam may be required for a future visit.

An **Optomap Retinal Exam** provides:

- A **200 degree panoramic image** of the retina to review with Dr. Klufas.
- The ability to **detect ocular diseases** such as macular degeneration, glaucoma, retinal tears and detachments, diabetes and even high blood pressure can be seen.
- A permanent image that can be compared at later exams to detect progression of disease or changes from normal.

Insurance typically does not cover any advanced screening technology beyond the general eye exam. Dr. Klufas prescribes either the Optomap Retinal Exam or dilation for all his patients. If the Optomap Retinal Exam is elected, there will be an additional **\$39.00 fee** for your visit today.

Please elect one of the following:

- Optomap Retinal Exam, \$39.00 fee
- Dilation of the pupils. No additional fee; included in general eye exam and is the recommended procedure for patients with diabetes.
- Neither. The Optomap or Dilation is preferred for your exam today but you can choose to opt out of both.

Patient/Guardian Signature: _____ Date: _____

Please read entire form & choose *one* for your appointment.

Appointment Date: _____

Time: _____

NOTIFICATION TO PATIENTS

All balances are due and payable in full at the time of treatment, unless other arrangements are made in advance.

Our office is required to notify you that certain services, deemed necessary by the optometrist, may not be reimbursed by your insurance company or Medicare; and you will be responsible for payment of these non-covered services.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Diamond K Eye Care to release any medical or incidental information that may be necessary for either my medical care or in processing application for financial benefit.

PATIENT/GUARDIAN SIGNATURE: _____ DATE: _____

AUTHORIZATION OF INSURANCE AND/OR MEDICARE PAYMENT

I certify that the information given by me for application of payment is correct. I authorize release of all records on request. I request that payment of authorized benefits be made on my behalf.

PATIENT/GUARDIAN SIGNATURE: _____ DATE: _____

GENERAL CONSENT FOR TREATMENT

PATIENT (PRINT) _____ DOB _____

I voluntarily consent to the evaluation and treatment by the optometrist on staff at Diamond K Eye Care. I understand that the practice of therapeutic optometry is not an exact science and that no guarantees have been made to me as to the results of treatments or examinations by the Diamond K Eye Care staff.

PATIENT/GUARDIAN SIGNATURE: _____ DATE: _____

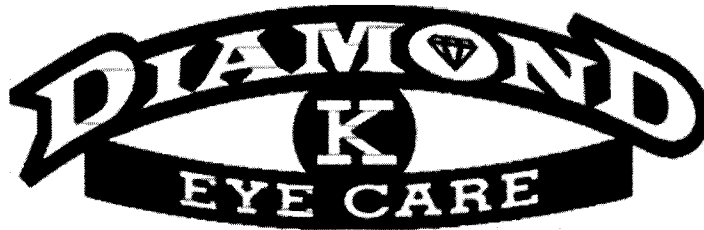
____ (Patient Initials) Diamond K Eye Care representatives have my permission to leave test or procedure results via voicemail.

Disclosures to Friends and/or Family Members

I give permission for my Protected Health Information to be disclosed by phone, fax, e-mail, or in person for purposes of picking up prescriptions, materials (i.e. glasses &/or contact lenses), communicating results, findings and care decisions to the family members and others listed below:

Name	Relationship	Contact Number

**** This release will remain in effect until it is revoked in writing by the patient ****



Contact Lens Prescription and Diagnostic Lens Policy

- The Fairness to Contact Lens Consumer Act requires Diamond K Eye Care and Dr. Klufas to release your contact lens prescription upon completion of the fitting process. However, the contact lens prescription will not be released until finalized by Dr. Klufas and the account is paid in full.
- Many patients (first time wearers, first time patients to our clinic, or previous patients being fit in different lenses) may be required to make a follow-up appointment in order for Dr. Klufas to assure proper fit, comfort, and visual acuity to finalize the patient's prescription.
 1. **Please be sure to be wearing the contact lenses *prior* to arriving for your scheduled follow-up appointment.** If a lens was torn or has been lost, please call ahead of time to make arrangements for a new lens. *Patients arriving without their contact lenses will be required to reschedule the follow-up appointment.*
 2. The follow-up visit provided by Diamond K Eye Care is included in the medical management of your contact lens fee. See below for exceptions/additional fees.
 3. **The follow-up visit is to be conducted within 30-days of the *original* office visit.** Follow-up visits after stated length of time will be subject to additional office visit charges.
- Diagnostic lenses are to aid Dr. Klufas in the determination of fit, comfort, and visual acuity of a particular lens or prescription. This is used to determine final parameters of the contact lens prescription. *Diagnostic lenses will no longer be given out to patients to "get them by" until their next annual evaluation.* Please make proper arrangements to have a pair of prescription glasses available to use until your scheduled appointment.
- Contact lens prescriptions are valid from the date of finalization of the contact lens parameters. Based on your eye health, Dr. Klufas will determine the expiration date, number of boxes or lenses for your contact prescription. However, the expiration date is not to exceed one year from the date of finalization.
- Due to reports of patients abuses and noncompliance of diagnostic lenses, including wearing lenses longer than designed, not discarding lenses as instructed and improper care of lenses, for your visual health, Dr. Klufas may require the removal and return or disposal of the diagnostic lenses prior to leaving the clinic.
- Contact lens orders must be picked up within 3 weeks of arrival and notification by text, e-mail or phone call. Unless prior arrangements have been made, the contact lens order will be restocked and an applicable restocking fee of \$20 will be applied to my account. Late fees will apply to unpaid balances.

I have read the above form in full and agree to comply with what I have read.

Patient/Guardian Signature: _____ Date: _____