

GOODMAN OPTOMETRY, LLC

HIPAA Privacy

By signing this acknowledgement of Receipt of Notice of Privacy Practices, I acknowledge and agree that I have been provided a copy of the Notice of Privacy Practices for review on the date identified below. I understand that the location may use and disclose necessary personal health information to another party to permit the location to perform its administration duties, provide me with eye care services and products, process my vision benefit claims and communicate with me regarding vision care services provided by the location. I can be assured that this

own use. I acknowledge and agree that the location may submit my vision benefit claims to my plan sponsor or health plan to receive reimbursement directly for the vision services and products that i received from that location.

Patient Financial Responsibility

I understand that i am financially responsible for all charges for services rendered, which are not paid by my insurance carrier. I agree to pay any deductible and coinsurance. I am aware that my insurance company might not cover all charges associated with my care and I agree to pay any such charges. In the event of non-payment by my insurance carrier, I understand that I am personally responsible for full payment. Likewise, I will be responsible for all balances after insurance co-payment. All balances are payable within 30 days of being billed, after which a late charge of 2% (two percent) per month will be assessed for outstanding balances.

I have read the above statements & understand my financial responsibility and HIPPA.

Name (please print): _____

Signature: _____ Dated: _____

Visual Field Testing (optional)

Visual field testing measures retinal function and sensitivity. Our instrument, the Oculus Easy Field Perimeter, checks for loss of sight, both in central and peripheral areas. This test can assist in early detection of glaucoma, retinal disease, neurological disease (such as brain tumors), and enables us to better diagnose causes of headaches. This test is recommended for all patients, especially those with the following: headaches, flashes or light or floaters, history of high blood pressure, history of heart problems, history of stroke, and those with reduced vision without an apparent cause.

This test is not covered under routine vision insurance as it is an additional test which is not part of a routine exam. There is an additional charge of \$15.00 for the Visual field testing. The testing takes approximately 2-3 minutes and eye drops are not required. Results are immediately available for review.

Please check one: I want to have the Visual Field today. I DO NOT want Visual Field