



### Consent for Treatment

- I authorize the team of Coastal Woods Vision to perform reasonable and necessary medical examinations, testing, and treatment. I understand I have the right to discuss the treatment plan with my doctor at any time regarding the purpose and any potential risks of any test/treatment, and I understand I can choose to discontinue services at any time.
- I understand that I am responsible for payment of all charges. Services may be discontinued until payment of any outstanding balances. No cancellation of services or orders after the day these orders are placed.
- I understand I can request a recheck of glasses prescriptions within 90 days of my initial exam. Coastal Woods Vision is not responsible for materials purchased at other retailers.
- I have received access to a Notice of Privacy Practices, available at [coastalwoodsvision.com](http://coastalwoodsvision.com) and at the practice front reception area, which includes a more complete description of my rights under HIPAA.

### Notice of Contact Lens Policies

- A contact lens evaluation is required for a contact lens prescription, which goes beyond the standard eye examination for glasses. Additional fees apply within a range based on complexity.
- Contact lenses are medical devices and prescriptions expire one year from prescription date unless a shorter time is warranted by the health of the eye.
- First time contact lens wearers are required to complete training session in proper contact lens use and safety. The patient will be required to demonstrate the safe removal and insertion of contact lenses prior to any contact lenses being dispensed.
- Finalization of contact lens prescriptions may require a medically necessary follow-up evaluation. Additional fees may apply if this visit is not completed within 90 days of the initial evaluation.
- A final copy of prescription will be released to patient upon completion via hardcopy, emailed or electronically through patient portal.

### Notice of Insurance Policy

- The patient, or guarantor, are responsible for knowing the following: any deductible due, what percentage your insurance company pays, if you need a referral from a primary care physician, whether your insurance requires you to see specific providers, that medical ocular complaints/complaints will be billed to your medical insurance and that vision plans offer discounts toward routine vision exams only and some materials.
- Your insurance plan may specifically exclude or limit examination or materials.
- You, the patient, or guarantor, are responsible for payment of charges. When an insurance claim is submitted on to insurance on the patient's behalf, insurance benefits will be paid directly to Coastal Woods Vision. It is your responsibility to pay any deductible, co-pay, or other balance not paid by the insurance provider.
- Insurance benefits quotes are only estimations until an insurance company responds to a claim.

### Notice of Finance Charges

- A **Late fee of \$25.00** will be charged to any accounts receivable that shows no payment activity after four (4) monthly statements have been sent.
- Accounts receivable six (6) months or older with no payment activity will automatically be submitted to an outside source of collection.
- **Return Check Fee** – A charge of \$50.00 per episode will be added to patients accounts receivable to cover bank costs and the inconveniences associated with the payment transaction.

I authorize \_\_\_\_\_ (named individual) to receive information concerning my healthcare records as well as conduct business with Coastal Woods Vision regarding all dealings I may have with this practice.

\_\_\_\_\_  
Patient Signature (or Parent/Guardian Signature)

\_\_\_\_\_  
Date