

Thank you for choosing Watts Optical & Eye Care Center as your eye care provider. We are committed to providing excellent services to our patients. As part of your professional relationship, we encourage you to read our financial policy and ask that you acknowledge your understanding by signing below.

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

HIPPA 04/14/2001

By signing this document, you consent to the use or disclosure of your protected health information by Cecil E. Watts, O.D. for the purpose of diagnosing or providing treatment, obtaining payment for healthcare operations of Watts Optical & Eye Care Center. You have the right to request a restriction as to how your protected health information is disclosed to carry out treatment, payment or healthcare operations of the practice. The restriction must be requested in writing to the Privacy Officer. In the request you must tell: (1) What information you want to limit. (2) Whether you want to limit our use, disclosure or both. (3) To whom you want the limits to apply. Watts Optical & Eye Care Center is not required to agree to the restrictions that you may request. However, if Watts Optical & Eye Care Center agrees to a restriction that you request, the restriction is binding to Watts Optical & Eye Care Center and Cecil E. Watts, O.D.

You have the right to revoke this consent, in writing, at any time, except to the extent that Cecil E. Watts, O.D. has taken action in reliance on this consent.

Your “protected health information” means health information and demographic information collected from you, your physician, another healthcare provider, and your employer or healthcare clearinghouse. This protected health information relates to past, present, or future physical or mental health condition.

You have the right to a paper copy of Watts Optical & Eye Care Center Notice of Privacy Practices in its entirety provided at the reception desk. The Notice of Privacy Practices describes the types of uses and disclosures of your protected health information that will occur in the treatment, obtaining payment for your healthcare or in the purposes of healthcare operations of Watts Optical & Eye Care Center. This Privacy Policy also describes your rights and Watts Optical & Eye Care Center’s duties with respect to our protected health information.

About Your Insurance

There are two types of health insurance that will pay for your eye care services and products. You may have both and our practice may accept both:

1. Vision care plans (such as VSP and Eyemed)
2. Medical insurance (such as Blue Cross/Blue Shield and Medicare)
 - Vision Care plans only cover routine exams along with eyeglasses and contact lenses. Vision plans only cover a basic screening for eye disease. They do not cover diagnosis, management or treatment of eye diseases.
 - Medical insurance must be used if you have any eye health problem or systemic health problems that has ocular complications. Your doctor will determine if these conditions apply to you, but some determined by your case history.
 - If you have both types of insurance plans it may be necessary for us to bill some services to one plan and other services to the other. We will use coordination of benefits to do this properly and to minimize your out-of-pocket expense.
 - We will bill your insurance plan for services if we are a participating provider for that plan. We will try to obtain advanced authorization of your insurance benefits so we can tell you what is covered. If some fees are not paid by your plan, we will bill you or any unpaid deductible, co-pays or non-covered services as allowed by the insurance contract.



FINANCIAL RESPONSIBILITY

The patient (or designated responsible party) has full financial responsibility for all charges for services provided. We gladly file insurance claims as a courtesy but this does not relieve the financial responsibility of those charges from the patient and we do not guarantee all charges are covered by the patient's insurance plan or payment will be received from the insurance contract.

YOUR INSURANCE COPAY IS DUE ON DAY OF SERVICE

Contact your insurance carrier if you have any questions regarding your insurance coverage, deductible or co-pay. Watts Optical & Eye Care Center is a participating provider with most major insurance carriers including Medicare and Arkansas Medicaid and is required to comply with our contractual obligations.

It is unlawful to waive co-pays, deductibles or co-insurance amounts.

PATIENT BILLING INFORMATION AND INSURANCE INFORMATION

In order to accurately and timely file an insurance claim or notify the patient regarding any insurance or medical issues, we will routinely update this information upon return visits. **It is the patient's responsibility to provide accurate insurance and patient billing information.** Please be prepared to bring insurance card(s) to each appointment and let our staff know when there has been a change in the patient's or responsible party's information.

If we fail to receive payment or notice from the insurance company that we have on file within 60 days of submitting the claim, the entire balance will become due from the patient. Any balance due on patient's account will be mailed to the address we have on file. The account is considered delinquent if payment is not received by its due date. In some cases, a short-term payment plan may be arranged. However, any balance remaining after the due date will be transferred to a collection agency.

SIGNATURE: _____

DATE: _____