



About Your Insurance

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

Vision Care Plans

Vision care plans only cover ROUTINE vision exams along with eyeglasses and contact lenses. Vision Plans only cover basic screening for eye disease. They do not cover diagnosis, management, or treatment of eye disease. Diagnoses covered by vision plans include hyperopia, myopia, astigmatism, and presbyopia.

Medical Insurance

Medical insurance must be used if you have any eye health problems OR systemic health problems that may affect your eyes. Your doctor will determine if these issues apply to you, but some are determined by your health history.

If you have both types of coverage it may be necessary for us to bill some services to one plan and some 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 with 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, you are responsible for any unpaid deductibles, co-pays, or non-covered services as allowed by the insurance contract. Non-covered services may include refraction, contact lens fitting/evaluation, and a few certain other diagnostic or therapeutic procedures. Costs are as follows: Refraction is \$46. Contact lens service starts at \$119 but may be higher depending on the difficulty of fitting or the type of contact lens necessary for your eyes. A digital retinal image is \$39.

Payment is expected and due at the time of treatment. All deductible, co-payment, and non-covered service and product payments must be paid at the time of the visit. We accept Mastercard, Visa, and Discover. We will be glad to help you fill out any insurance forms that your plan may require. Don't forget to use your Health Savings Account (HSA) or Flex Spending Account. We offer CareCredit health care financing for up to 6 months with no interest. **No Insurance? Out-of-Network?** Ask us about our **in-house membership plan** — a simple way to save on exams and eyewear!

Medical Information Release

☐ I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. The information may be released to:

☐ Spouse/Partner _____

☐ Parent/Guardian _____

☐ Child(ren) _____

☐ Other _____

☐ Information is not to be released to anyone.

I have read & agreed to the Privacy Act (HIPAA), Advance Beneficiary Notice (ABN), Medical Information Release and our insurance practices.

Patient Name

DOB: ____/____/____

Patient Signature (Parent, if child)

Date: _____

Review HIPAA on Back Page



Eye Care Associates
Marietta-Beverly-McConnelsville
111 S. Third Street
Marietta, OH 45750
740-373-2069



Notice of Privacy Practices
Effective Date: September 1, 2013

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Access This Information. Please Review It Carefully.

Your Rights Under HIPAA:

1. **Right to Access Your Health Information:** You have the right to inspect and obtain a copy of your protected health information (PHI) that we maintain, with certain exceptions.
2. **Right to Request Restrictions:** You can request restrictions on certain uses and disclosures of your PHI, although we are not required to agree to these restrictions.
3. **Right to Amend Your Information:** If you believe your health information is incorrect or incomplete, you have the right to request an amendment.
4. **Right to an Accounting of Disclosures:** You have the right to receive a list of instances where we have disclosed your PHI for purposes other than treatment, payment, or healthcare operations.
5. **Right to Request Confidential Communications:** You can request that we communicate with you in a certain way or at a certain location to protect your privacy.
6. **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Uses and Disclosures of Your Health Information:

- **Treatment:** We may use your health information to provide you with medical treatment or services.
- **Payment:** We may use and disclose your health information to bill and collect payment for the services you receive.
- **Healthcare Operations:** We may use your health information for administrative purposes, such as quality improvement and training.

Your Health Information Privacy:

We are committed to protecting the privacy of your health information. We will not use or disclose your health information without your consent except as required by law.

Contact Us:

If you have any questions about this notice or our privacy practices, please contact:

Lora Stavrakis 111 S. Third Street, Marietta, OH 45750 740-373-2069

Changes to This Notice:

We reserve the right to change our privacy practices and to make the new provisions effective for all PHI that we maintain. We will provide a revised notice in our office and on our website.