

Dr. Pierzchala & Associates is an independent, private practice that works in partnership with the Walmart Vision Center.

1. Examination Fees:

Our fee for a comprehensive eye health examination is \$69 and is payable and due upon completion of today's visit. This fee applies to patients who do not wear contact lenses, and who do not have a medical condition affecting their eyes. We will bill vision plans that we participate with – most *medical* insurance plans do not cover routine eye care (unless you have an additional *vision* plan).

Patients with medical conditions (such as conjunctivitis, 'red eye', infections from contact lenses or improper contact lens care, glaucoma, cataracts or diabetic eye disease) will be charged for each medical office visit. Fees for these visits range from \$30 to \$200 or higher depending on the complexity of the case. We will bill medical insurance plans that we participate with, however you are ultimately responsible for payment. We will provide a receipt for your visit which you may submit to your medical insurance company for potential reimbursement.

Our fees for a contact lens examination are: \$109 (spherical), \$125 (toric-astigmatism), or \$145 (bifocal) and are payable and due upon completion of today's visit. These fees also include a comprehensive eye health examination and prescription for glasses. These fees cover initial visit and any follow-up visits within two months related only to the initial fitting examination. These fees include any contact lens instruction, a free trial pair of contact lenses and cleaning kit. If there are any 'red-eye' or problem visits not related to initial contact lens fitting, even within the two month period, there will be an additional medical office visit charge. If you do not return for prescribed follow up within this two month period, there will be a contact lens re-fit charge, which will be less than original exam fee. I understand this explanation and agree to pay all medical fees at the time of examination, and any mailed bill received for fees due after insurance payments have been applied.

2. Use of Insurance

If insurance is used today or for *future visits*, it must be approved prior to appointment. Insurance may not be applied after today's exam date. If you wish, we will provide you with a detailed receipt for today's exam and you may submit it to your insurance company for reimbursement to you directly. It is the patient's responsibility to understand their insurance plan and benefits. I assign directly to Dr. Pierzchala & Assoc. all insurance benefits, if any, otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions.

3. Acknowledgment of receipt of Privacy Policy (HIPAA)

I acknowledge that I have received Dr. Pierzchala & Associates Privacy Notice. Copies are available in waiting room.

4. No Shows We set aside time for each patient and ask that you call us with 24 hours notice to cancel an appointment. As we have patients waiting for appointments, we reserve the right to charge \$25 for No-Shows.

5. Doctor's Fees Doctor's professional fees are due and payable at the completion of today's visit. Professional fees are non-refundable.

I understand and agree to the above document in its entirety.

Signature of patient (parent/guardian): **X** _____ Date _____