



EXAM TYPES

MEDICAL EXAM: This exam is to evaluate and diagnose overall eye health where there are underlying systemic, medicinal, or vision issues to include red eyes, dry eye syndrome, allergic disorders, diabetic retinopathy, glaucoma, etc. If any type of prescription other than for vision correction is provided, the exam will be considered a medical exam.

ROUTINE VISION: A basic vision exam to provide an overall eye health evaluation and refraction. **NO other vision problems exist.** If a routine exam is scheduled, but the doctor must treat you for other vision problems, a medical exam will be billed.

CONTACT LENSES FITTING & EVALUATION: An additional exam and fee for a contact lenses fitting and evaluation to include a trial pair of contact lenses and up to 2 follow-up visits to confirm the proper fit and comfort of contact lenses.

DILATION OF THE EYES: If the doctor feels it is necessary, the doctor will dilate your eyes. Dilation is a procedure where drops are instilled in the eyes to enlarge your pupils. This provides the doctor with a more thorough evaluation of the structures inside your eyes, for the detection of eye diseases such as Glaucoma, Cataracts, Tumors, Retinal Detachment, Diabetes, Hypertension, etc. Dilation may temporarily blur your vision and make you more sensitive to light (disposable sun shades will be provided). This process is included in the exam price and there is no extra charge if performed the same day. If rescheduled for another day, a \$49.00 re-scheduling will apply. **Is it okay to dilate your eyes? YES RESCHEDULE DECLINE**

DISCLAIMER: During your eye exam it is possible the doctor may desire to perform a pupillary dilation. Should you elect to receive such treatment, you acknowledge the fact Joseph R. Rogalinski, O.D., Elizabeth T. Nguyen, O.D., other contracted Optometrists, Eye-Deal Vision, P.A. **STRONGLY RECOMMEND YOU DO NOT DRIVE A VEHICLE OR OPERATE ANY MACHINERY FOR A PERIOD OF AT LEAST TWO (2) HOURS** thereafter. Dilation affects individuals in different ways, and in some patients can continue to adversely alter vision beyond such period of time. As a condition of performing a pupillary dilation, you agree to INDEMNIFY and DEFEND Joseph R. Rogalinski, O.D., Elizabeth T. Nguyen, O.D., other contracted Optometrists, Eye-Deal Vision, P.A. and all its agents and employees from any and all claim(s) and/or lawsuit(s) from third parties allegedly attributable to this procedure. Further, also as a condition of the dilation, you agree to RELEASE, ACQUIT, and FOREVER DISCHARGE Joseph R. Rogalinski, O.D., Elizabeth T. Nguyen, O.D., and other contracted Optometrists., Eye-Deal Vision, P.A. and all its agents and employees from any and all liability to third parties alleged to be attributed to this procedure.

Acknowledged and Agreed: _____ **SELF PARENT GUARDIAN**

Insurance Assignment

- I certify that I, and/or my dependent(s) have insurance coverage and assign directly to Eye-Deal Vision, P.A. all benefits, for services rendered.
- Eye-Deal Vision, P.A. DOES NOT GUARANTEE that my insurance will pay my claim even if benefits are verified before the appointment.
- I further expressly agree & acknowledge that my signature on this document authorizes Eye-Deal Vision, P.A. to submit claims for services rendered without obtaining my signature on each and every claim to be submitted for myself and/or my dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim dated today or in the future until further notice has been expressed in writing.

- Eye-Deal Vision, P.A. may use my health care information and may disclose such information to the insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or benefits payable for related services.

Financial Responsibility

- I understand that I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES whether or not paid by insurance, and I am responsible to pay any copayments/co-insurance at the time of my visit.
- I understand that if I have a balance, I will be mailed or emailed a statement.
- If there is an overpayment on my account less than \$5, a store credit will be placed on my account. It will remain a credit for 3 years. If the credit is not used within a 3 year period it will be forfeited.
- I understand that if I do not pick up my glasses, contact lenses, or other merchandise within 90 days of the date of purchase, I will forfeit any deposits made towards the purchase, and no refunds will be given. Any amounts paid by your insurance company on your behalf will not be refunded or reversed.

FINANCIAL RESPONSIBILITY: SELF PARENT NON-CUSTODIAL PARENT GUARDIAN SPOUSE

Name: _____ DOB: ____/____/____

SS #: _____ Address: _____

Best Contact #: (____) _____ - _____ Email: _____@_____

****If you are over 18, you are financially responsible for yourself unless a parent/guardian or spouse is present to sign for you.**

Parent/Guardian/Spouse Signature: _____ Printed Name: _____

Who would you like us to share your personal information (to include diagnosis, financial information, insurance information, patient history)with? If nobody, please write N/A.

Please list their name and relationship: Name _____ Relationship _____

Is this visit a result of a work related injury? If so, what is your case # _____ Date of Injury: _____

Warranty

- I understand Eye-Deal Vision, P.A. offers a one-time, one year warranty on all frames due to manufacturer defect, at no cost. Gross negligence or loss is not covered under this warranty. Eye-Deal Vision, P.A. also offers a one-time, one year warranty on all lenses that have at least a TD2 or glare free B-D rated coating.
- All frames have a one year one, one time manufacturer defect warranty from the date of purchase. Frames with dog/human bite marks or glue will not be covered. Neglect or loss is not covered. In the event of a claim, Eye-Deal Vision reserves the right to repair or replace the frame.
- Returns: There are no refunds or returns on custom-made eyeglass lenses or contact lenses. Non-prescription sunglasses or other merchandise can be exchanged or returned for store credit within 7 days of purchase. Merchandise must be in the original, unopened package. NO cash refunds.
- COSMETIC FRAME RETURNS NOT AVAILABLE. We do NOT offer a change of frame due to dislike or unhappiness with frame color, style, or otherwise. Cancelled orders are subject to a 50% restocking fee.
- I understand I have 60 days from the date of my exam to return for a glasses prescription re-check. After 60 days, I may still return; however, a new exam & refraction will be billed.

I have read and I understand the **DISCLAIMER, FINANCIAL POLICY, and WARRANTY POLICY** of Eye-Deal Vision PA. I further understand that if I have any questions regarding any of these policies, I am able to speak to an associate who can answer my questions while I am in the office or by sending an email to info@eye-dealvision.com.

 Signature of Patient, Parent/Guardian (Circle ONE): SELF PARENT GUARDIAN Date