

Notice of Privacy Act / Office Financial Policies

At Focal Point Eye Care, our goal is to provide you with the best eye health care and a positive experience. In order to establish and maintain a pleasant professional working relationship with you, please take a few moments to review the following information:

We often have patients that have both medical and vision insurance. They are very different in terms of the services they cover, and it is important for patients to understand the difference. Vision coverage (VSP, Eyemed, etc) is mainly designed to determine a prescription for glasses and evaluate the eyes of a healthy patient with no particular symptoms. It is not equipped to deal with, and does not usually cover, the services needed for medical conditions. When a medical condition is present (such as diabetes, glaucoma, dry eye, eye infections, floaters, etc), it is necessary to file the visit with your medical insurance (BCBS, Aetna, United Health Care, Medicare, etc), and co-pays and deductibles may apply. Insurance carriers set these rules and our office must comply with them. We may not be able to determine which insurance is appropriate to bill prior to the exam.

We make every effort to be providers on a large range of both medical and vision plans, we will process your insurance benefits for these carriers. It is your responsibility to provide up-to-date and accurate insurance information. It is important to know the name of your medical AND vision plan prior to your exam (they may have different names). In the event that we are not providers for your insurance, we will provide you with an itemized receipt so you may file with your carrier for reimbursement.

Some services and products may not be covered under your insurance. You are financially responsible for all charges, whether or not paid by insurance, rendered on your behalf or on behalf of your dependent. Payment/co-payment is due at the time services or products are rendered. Penalties or fees incurred from non-payment are also the responsibility of the patient.

I acknowledge that a copy of Focal Point Eye Care's Notice of Privacy Practices is available to me upon request.

You will be asked to sign an electronic version of this consent.