



EDGE Sports Vision • MOVE Therapy • LASIK • Visual Learning • Family Eyecare • Optical

INSURANCE & FEE RESPONSIBILITY AGREEMENT

Please note that full payment of co-pays, overages, non-covered items, etc. is required at the time services are rendered. Verification of eligibility and authorization numbers from your insurance company is not a guarantee of payment. The final determination of payment is made when the insurance company receives your claim. Any fee that your insurance does not cover is your responsibility. If insurance reimbursements are not made back to our office within 45 days, then the entire balance becomes your responsibility. Please understand that insurance filing is a courtesy, and you are ultimately responsible for knowing your insurance benefits.

Per the Department of Health & Human Services Evaluation and Management Services Guide, "There are three key components when selecting the appropriate level of E/M service provided: history, examination, and medical decision making. Visits that consist predominantly of counseling and/or coordination of care are an exception to this rule. For these visits, time is the key or controlling factor to qualify for a particular level of E/M services". So, if you would like to speak to the doctor regarding something, even if an examination is not performed during that time, an office visit will be charged for the doctor's time as stated in the Evaluation and Management Services Guide from the Department of Health & Human Services.

By signing electronically on the website (www.brighteyeandvision.com), you agree to the following:

- 1) I hereby authorize the provider to release any information required to process my insurance claim. I also authorize all benefits to be paid to the provider.
- 2) I understand that I am fully responsible for any fees that my insurance will not pay.
- 3) I also understand and agree that no refunds will be given for any product, whether I pick up the product or not, or any service because of the personalized nature of healthcare.
- 4) I also understand and agree that no cancellations of products, once I have paid, can be made because of the personalized nature of healthcare.
- 5) I also understand and agree that there is no warranty or refund on broken or lost eyewear.
- 6) I agree to and understand all this is written in this Insurance and Fee Responsibility Agreement. I understand and agree that this document holds true beginning today and for all subsequent visits and transactions.