

OFFICE POLICIES

Insurance Benefits must be authorized prior to your appointment and utilized at the end of your appointment. If you are unsure of your vision benefits please **reschedule** and contact your vision insurance carrier.

ALL PROFESSIONAL FEES ARE NON-REFUNDABLE

(Routine Exams & Contact Lens Exams are **SEPARATE** and must be performed **ANNUALLY**)

ROUTINE EYE EXAMINATIONS (\$80-105)

- ALL Insurance Plan Fees/Copays are due at the time of initial visit
- Insurance Authorizations must be complete **prior** to visit

It is **YOUR RESPONSIBILITY** to know and advise us of your plan's requirements before **EVERY** appointment or service. This office **DOES NOT** submit insurance benefits after your appointment or after your order has been submitted. A receipt for your office visit or order will be provided. This office **cannot** be responsible for unknown vision benefits.

****NO BACK DATING ON INSURANCE CLAIMS****

RED EYE EXAMS (MEDICAL) (\$85-165)

- Covered by MEDICAL INSURANCE PLANS ONLY within our network (i.e The Empire Plan, Medicare, United Healthcare, Aetna)
- Initial & Follow-up Copay due prior to visit
- If medical plan denies claim, the patient/parent is responsible for the medical evaluation / follow-up visit fees

CONTACT LENS EXAMS (\$80-250) *SEPARATE FEE FROM ROUTINE EXAM*

- Performed Annually
- Contact Lens Orders must be **paid in FULL** prior to ordering supply
- Open boxes of disposable contacts cannot be exchanged
- Please Note :
 - *** **Vision Plus DOES NOT** recommend sleeping in soft contact lenses***
 - Contact lens RX are released **AFTER** the final progress evaluation
 - For our patients safety, contact lense RX will only be signed/ released for contacts finalized & evaluated by this office only
 - Each patient has **90-days** to change their final contact lens type or RX **without charge**
 - **After 90 days:** Any change in contact lens type or RX will result in a **refit charge** (\$40.00)

PRIVATE/PATIENT OWN FRAMES (POF)

- Personal frames are **NOT** recommended for use due to the **possibility of breakage**
- We are **NOT** responsible for broken frames. We will **NOT replace** the broken frame.
- You must replace broken frame for the purchased lenses within 90 days
- **NO REFUNDS** will be given due to frame breakage
- Exchanges on **ALL** eyewear must be made within 30 days of the original order date. After 30 days the patient will be charged for prescription changes

LENSE & FRAME CHANGES

- **ALLOWED ONLY WITHIN 30-DAYS OF ORDER (RX CHANGES)**
If ordered through insurance, subject to insurance plan approval
- **Progressive Non-Adapt lenses** will be exchanged for bifocals or single vision lenses without additional charge
- There is **NO REFUNDS** for progressive lenses

****ALL INSURANCE COPAYS ARE NON-REFUNDABLE****

REFUNDS

- Refund will be issued **ONLY** within **24 hours** of the original order
 - After 24 hours, unpaid balances will automatically be referred to a third party collection agency post 90 Days

RETURNED NSF CHECKS - \$40.00 Charge

I HEREBY AUTHORIZE MY INSURANCE CARRIER TO MAKE PAYMENTS DIRECTLY TO VISION PLUS FOR ALL SERVICES RENDERED. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES DENIED BY MY INSURANCE CARRIER. I HAVE READ AND UNDERSTAND THE OFFICE POLICY AS STATED ABOVE. THIS POLICY SUPERCEDES ANY OTHER POLICIES SIGNED IN THIS OFFICE.

Signature: _____ **Date:** _____

Updated Email Address (Print): _____

Vision Plus
Dr. William Butler
1 Joyce Plaza
Stony Point, NY 10980
845-942-3937

NOTICE OF PRIVACY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE IS EFFECTIVE APRIL 13, 2003 UNTIL FURTHER NOTICE.

RIGHT TO NOTICE

As a patient, you have the right to adequate notice of the uses and disclosures of your protected health information. Under the Health Insurance Portability and Accessibility Act (HIPAA), we can use your protected health information for treatment, payment and health care operations.

- a. Treatment – We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.
- b. Payment- We may use and disclose our health information to obtain payment for services we provide you.
- c. Health care operations- We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.

YOUR AUTHORIZATION

Most uses and disclosures that do not fall under treatment, payment, health care operations will require written authorization. Upon signing, you may revoke your authorization (in writing) through our practice at any time.

EMERGENCY SITUATIONS

In the event of your incapacity or an emergency situation, we will disclose health information to a family member, or other person responsible for your care, using our professional judgment. We will only disclose health information that is directly relevant to the person's involvement in your healthcare.

MARKETING

We will not use your health information for marketing communications without your written authorization.

REQUIRED BY LAW

We may also use or disclose your health information when we are required to do so by law.

ABUSE OR NEGLECT

We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the victim of other

crimes. We may disclose your health information to the extent necessary to avert a serious threat to your or other people's health or safety.

VISION PLUS- NOTICE OF PRIVACY CONTINUED

NATIONAL SECURITY

We may disclose the health information of Armed Forces personnel to the military authorities under certain circumstances. We may disclose health information to authorized federal officials required for lawful intelligence, counterintelligence and other national security activities. We may disclose health information of patients under certain circumstances.

APPOINTMENT REMINDERS

We may use or disclose your health information to provide you with appointment reminders via phone, email or letter.

YOUR RIGHTS AS A PATIENT

- You have the right to restrict the disclosure of your protected health information (in writing). The request for restriction may be denied if the information is required for treatment, payment or health care operations.
- You have the right to receive confidential communications regarding your protected health information
- You have the right to inspect and copy your protected health information
- You have the right to receive an account of disclosures of your protected health information
- You have the right to a paper copy of this notice of privacy practices.

LEGAL REQUIREMENTS

If you have complaints regarding the way your protected health information was handled, you may submit a complaint in writing to our office. You will not be retaliated against in any manner for a complaint. If at any time, you feel that your privacy rights have been violated:

- Contact Dawn LoCurto, Privacy Officer at 845-942-3937 if the complaint relates to employees of our office.
- You may also contact the Secretary of the Department of Health and Human Services at 877-696-6675, or submit a written complaint to them at 20 Independence Avenue, S.W. Washington, D.C. 20201 or
- You may file a grievance with the Office of Civil Rights at 866-ORC-PRIV or 888-627-7748, or 866-788-4989(TTY)
- Please remember, you will not be penalized for filing a complaint.

CONTACT INFORMATION

For further information about our privacy policies, please contact Dr. Butler.

This notice is effective as of April 12, 2003. If you have any questions about this notice, please contact Dawn LoCurto.

Signature of Individual/Legal
Guardian/Advocate/Personal Representative

Date

Signature of Staff Reviewing Notice