



### For Patients Filing Insurance Claims

As a service to our patients, we do our best to verify medical and vision insurance benefits. However, we are not responsible for incorrect benefit information given to us by your insurance company regarding insurance coverage, allowances, co-pays, or other information needed to file an insurance claim.

I, \_\_\_\_\_, understand that I am responsible for any amount not covered or paid by my insurance for services and/or materials provided by Arbor Eye Center, P.A. I accept that full payment is expected within 30 days of such notice from the date the bill was mailed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Dilation

Pupil dilation is part of the complete eye examination, and it is included in the cost of the exam. It allows a more thorough evaluation of the retina so that the doctor may check for signs of ocular problems, many of which may be without symptoms, but can cause serious vision loss. Side effects of dilation include blurry near vision and light sensitivity for up to 4 hours.

Agree to Dilation?  Yes  No Signature: \_\_\_\_\_

### HIPAA

#### ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Arbor Eye Center, P.A.'s Notice of Privacy Practices.

Patient name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_