YOU MUST READ AND SIGN THIS SECTION

Financial Assignment & Release

I, the undersigned, assign directly to Sunny Isles Eye Center, INC. and/or Dr. Marina Yagudaev all insurance benefits, if any, otherwise payable by me or to me for services rendered.

*I understand that I am financially responsible today for all fees. I also agree that I am financially responsible to reimburse any and all fees for services and materials not collected in full at the date of service or should my insurance or vision plan deny payment for services or materials rendered.

*I further understand that after 60 days from the date of service or claim is filed I agree to pay for any unpaid balances on my account as a result of denial in part or whole from my insurance carrier caused by; unmet deductibles, non-covered materials or professional services, my negligence in fulfilling any paperwork, providing any required information requested by my insurance carrier or uncollected fees on service day.

*If you do not inform us that you have a vision plan or medical insurance before services are rendered, we will assume no coverage exists.

*I agree I am responsible to file my own claim if I discover I have vision or medical benefits after services or products are rendered.

*I agree this office with no exceptions will not back file claims, post authorize claims, or refund fees after services are rendered due to lack of notification of vision or medical benefits.

*We will begin your custom glasses order immediately after receipt of payment. All glasses are custom crafted for each patient's unique vision needs. All glasses lenses are tailored to fit the frame which patient selected.

Cancellations on glasses will not be permitted. Patients may not switch frames after their order has been processed. REFUNDS ARE NOT AN OPTION.

ROUTINE EXAM vs. MEDICAL EXAM

A Routine Exam is when a patient has *no* medical history or problem that would directly affect the vision system. Our comprehensive routine exam includes a 14-point total ocular health assessment, refraction, dilation and a prescription for glasses. Vision Plan insurance is used for **well vision** visits.

A Medical/Problem Focused Exam is when the doctor identifies the presence of disease or if a patient is experiencing pain, ongoing headaches, dry eyes or other symptoms indicative of a medical issue. **A medical exam *is necessary for all glaucoma and diabetic patients* as well as any patient with medical history that directly affects the vision system.** Medical/Health Insurance plans are used for medical exams. If the doctor identifies the presence of disease or you need a problem addressed during your well vision visit, your insurance may require that we reschedule the well vision exam for a different appointment time.

Signature of Responsible Party and Consent to Treat: _____

ADDITIONAL TESTS NOT COVERED BY VISION INSURANCES

1. FUNDUS CAMERA PHOTOS

The word "fundus" describes the inside or back of the eyeball. A fundus photo would contain an image of the center of the very back inner wall of the eye: the retina. The optic nerve, macula and main retinal blood vessels are common structures seen in a fundus photo. Fundus photography is very useful to document the natural state of the back of the eye in order to give the eye doctor a future reference to compare with during follow-up visits. It is important to document the findings of most retinal diseases and conditions, especially diabetic eye disease findings, macular degeneration, epi-retinal membranes, macular holes and retinal tears and detachment.

***************The fee for this procedure is $60.00. Please check one and sign below.***

_____ I **DO** consent to having fundus photos performed.

_____ I **DO NOT** wish to have fundus photos performed. I release my doctor from any liability of failure to treat, or diagnose any eye condition due to lack of diagnostic information that could have been obtained by this test.

2. OCT OPTICAL COHERENCE TOMOGRAPHY:

This is a non-invasive imaging test. OCT uses light waves to take cross-section pictures of your retina. With OCT, your doctor can see each of the retina's distinctive layers. This allows then to map and measure their thickness, which helps with diagnosis. It provides treatment guidance for glaucoma and diseases of retina. OCT is useful in diagnosing many eye conditions including macular pucker, macular edema, age-related macular degeneration, glaucoma, central serous retinopathy, diabetic retinopathy, vitreous traction.

***************The fee for this procedure is $50.00.***

_____ I **DO** consent to having OCT scan.

_____ I **DO NOT** wish to have OCT scan. I release my doctor from any liability of failure to treat, or diagnose any eye condition due to lack of diagnostic information that could have been obtained by this test.

3. VISUAL FIELD TESTING:

This screening checks for visual field defects, both in central and peripheral areas. Visual field screening can assist the doctor in early detection of glaucoma, optic nerve disease, visual related neurological diseases, and possible causes of headaches.

***************The fee for this procedure is $60.00. Please check one and sign below.***

_____ I **DO** consent to having a visual field performed.

_____ I **DO NOT** wish to have a visual field screening performed. I release my doctor from any liability of failure to treat, or diagnose any eye condition due to lack of diagnostic information that could have been obtained by this test.

*****We strongly believe in the early detection and treatment of all ocular disease and conditions and strongly recommend all patients to have both procedures performed. **Combine and SAVE!!!**

- **If you choose to have test #1 and #2 performed, the combined price for them will be $90.00 total. ******
- **If you choose to have all three tests performed, the combined price for all 3 tests will be $130.00 total. ******

_____ I DO wish to have test#1 and #2 performed. **(The fee for all tests is $90.00).**

_____ I DO wish to have fundus photos, OCT Scan and visual field screening performed. **(The fee for all tests is $130.00).**

Signature: _____ **Date:** _____