Dr. Stephannie Griffin
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North Raleigh Family Eyecare

PATIENT DATA

Chart: Date:

Name: Gender: M / F DOB: Social Security#:
Street Address:
City, State, Zip
Home Phone: Daytime Phone: Mobile Phone:
Employer: Occupation: E-mail:

Guarantor Name: DOB: Social Security#:
Street Address: Employer:
City, State, Zip Relationship: Father / Mother / Other
Home Phone: Daytime Phone: Mobile Phone:

Insurance No. 1: ID: Group:
Relationship: Father / Mother / Other PLAN:

Insurance No. 2: ID: Group:
Relationship: Father / Mother / Other PLAN:

We are dedicated to providing you with the best possible care and service, and regard your understanding of our policies as an essential element of your care and treatment. The following are our major office policies, if you have any questions; please feel free to discuss them with our staff.

MEDICAL INSURANCE: (INITIAL HERE:_____) All patients are ultimately responsible for their own bill. Patients who have health care coverage are responsible for providing the office with complete and accurate information regarding their insurance and necessary referrals for office visits. We have made prior arrangements with many insurers and other health plans. We will bill those plans with which we have an agreement and will collect any required copay at the time of service. In the event your health plan determines a service to be "not covered"; you will be responsible for the complete charge. In that event, we will bill you and payment is due upon receipt of our statement.

Failure to inform office personnel about your vision plan at the start of your appointment will result in you being billed for charges incurred. North Raleigh Family Eyecare, will follow up on unpaid insurance claims. However, your policy is an agreement between you and your insurance company and it is your responsibility to assure that your services are paid in full.

FINANCIAL POLICY: (INITIAL HERE:_____) Full payment for services rendered or materials ordered are expected at the time of service. For your convenience we accept, CASH, CHECK, VISA and MASTERCARD. Accounts become past due after 90 days. We reserve the right to send the account to a collection & credit-reporting agency, apply a monthly service fee (twenty-dollars) in addition to all collection fees incurred.

EYEWEAR and CONTACT LENS POLICY: (INITIAL HERE:_____) In order to legally provide a contact lens prescription, all wearers must receive a yearly progress check or initial evaluation and fit. There are industry standard fees for these which may or may not be covered by medical or vision insurance. These services entitle patients to three (3) follow-up visits specifically to confirm the vision, fit and comfort, of their prescription. Each patient is encouraged to use these follow-up visits if necessary, as receipt of the final prescription and/or ordering a supply constitutes final acceptance. Due to manufacturer restrictions, North Raleigh Family Eyecare, Inc. cannot be responsible for replacing or exchanging opened, defaced or damaged boxes.

Proper selection and use of eyewear is critical to your eye safety. No single pair of eyeglasses is best for all situations, so make sure you consider how your eyeglasses will be used before deciding whether to wear dress, safety or sports eyewear. For tasks that require impact protection and children under the age of 18, polycarbonate lenses should be used. Of all materials that spectacle lenses may be fabricated from, polycarbonate lenses are the most impact resistant.

1. Unless specifically stated, your new eyeglasses are dress eyewear, not safety or athletic spectacles. 2. The type and style of a spectacle frame is an important factor in determining how much protection your eyeglasses will provide. Many frames are fragile and are designed for appearance and NOT for protection. 3. Your lenses meet or exceed ANSI Z80.1 and FDA requirement 21 CFR Section 801.410 for impact resistance, but they are not unbreakable or shatterproof. 4. If struck with sufficient force, the lenses can break into sharp pieces that can cause serious injury to the eye or blindness. Even if the lenses do not break, the force of impact may cause the lenses or spectacle frame to contact the eye or surrounding area, causing injury. 5. The continued impact resistance of your lenses depends on how well you protect them from physical shocks and abuse. For your own protection, scratched or pitted lenses should be replaced immediately. 6. If your occupation or recreational activities expose you to the risk of flying objects or physical impacts, your eye safety requires special spectacles with safety lenses, side shields, goggles and/or a full-face shield.

CONSENT TO TREAT and HIPAA RELEASE: (INITIAL HERE:_____) I voluntarily consent to such care and treatment as prescribed by the doctor as is necessary in his/her medical judgment.

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used in order to:

1. Conduct, plan and direct my treatment and follow-up among staff, who may be involved in that treatment directly and indirectly. 2. Obtain payment from third-party payers, insurance carriers and patient collection activities. 3. Conduct normal healthcare operations such as quality assessment and physician certification.

Our complete Notice of Privacy Practices is available upon request. North Raleigh Family Eyecare, reserves the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

You may request in writing any restrictions on how your private information may be used or disclosed for healthcare operations or payment. NRFE is not required to agree to requested restrictions, although it must abide by such restrictions if an agreement is reached. This consent may be revoked in writing at any time, except to the extent that action has been taken relying on this consent.

Signature_____ Date_____
Print Name_____