

GREATER MILFORD EYE ASSOCIATES, P.C.

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Health Insurance Information

Name of Patient: _____

Name of Subscriber: _____ Subscriber's date of birth: _____

I request that insurance payment be made to the doctors on my behalf for services furnished. I authorize the medical information holder to release to the Health Care Financing Administration and its agents any information necessary to determine my benefits for this or any related services.

Once the doctors have obtained the patient's one-time authorization, they may submit any later medical claims, on either an assigned or non-assigned basis, without obtaining any additional signature of the patient. In submitting claims, they should indicate in the patient's signature space "Patient's request for payment on file."

I understand I am responsible for any services not covered by my insurance or for any services done when a referral was not obtained from the primary care physician. I realize it is the patient's responsibility to obtain referrals. Medicare patients are responsible for the \$40 non-covered refraction fee, even if they have a supplement.

Contact Lens Corneal Evaluations

Contact lenses are medical devices. Patients who wear contacts, even on a part-time basis, require additional tests during the eye exam to assure that the lenses (which are foreign bodies) are not causing, or are not likely to cause, any damage to the delicate living and breathing tissues of the eye. These tests must be done annually to keep the contact lens prescription valid.

The supplemental testing includes using a fluorescein dye and a biomicroscope to examine the cornea, the conjunctiva, the limbus, the eyelids, the tear film, and the other parts of the eye anatomy to ensure that there have been no adverse effects from wearing the contact lenses.

These tests are not part of a "routine" eye exam and are not covered by most insurances. The usual and customary fee for these contact lens evaluations is \$75. Contact lens refits (changing from one brand to another) require at least one extra visit. New contact lens fittings for patients that have never worn contacts before is \$250.

Missed Appointments / Record Release

Kindly give us 24 hours notice to cancel or reschedule an appointment. Failure to keep multiple appointments may result in dismissal from the practice. There is a \$25 fee for the release of medical records, regardless of the number of pages.

Signature of Patient or Authorized Representative

Date