

SPEEDY SPECS
1657 Mountain City Highway, Ste 101
Elko, Nevada 89801
775-738-6727

POLICIES AND DISCLOSURES

Please read, sign, and bring with you to your appointment.

HIPAA

Our HIPAA Privacy Policy is posted at our office and on our website. Please feel free to request a written copy of our complete HIPAA Privacy Policy from any of our associates or Optometrists. In addition to our standard HIPAA Privacy Policy, we are required to receive your written consent to utilize standard e-mail when we transfer private health information to you, your insurance company, or other providers in the dispensing of care. Your signature below is your personal acknowledgment that you have been advised of your rights under our HIPAA Privacy Policy and that you consent to the use of standard e-mail in the transfer of your private health care data.

CANCELLATION, NO-SHOW, AND LATE POLICY

If you need to cancel or reschedule your appointment, please call us at 775-738-6727 at least one hour prior to your appointment. This allows us to contact those on our wait list and meet their needs in a timely fashion.

If you are more than 10 minutes late to your appointment, we will need to reschedule your appointment. This will help ensure that our doctors do not get behind and have enough time to dedicate to each of our important patients. If you anticipate that you will be more than 10 minutes late to your appointment, please call us at least an hour prior to your appointment to reschedule.

If you are more than 10 minutes late to your appointment, if you forget your appointment, or if you are otherwise unable to call us to reschedule at least one hour prior to your appointment, do not worry. We still want to take care of you. Patients who fail to cancel or reschedule in a timely fashion (at least one hour prior to their appointment) may schedule a new appointment by paying a fully refundable \$50 hold fee. This refundable fee will be returned to you when you arrive on time to your appointment. If you no-show again or are more than 10 minutes late to your next appointment, you will forfeit the \$50 hold fee and will need to pay another \$50 refundable hold fee if you wish to schedule another appointment.

PAYMENT POLICY

Payment is due at the time of service. In many cases, we will attempt to bill your insurance provider and charge you only for your co-pays and non-covered services and materials. However, if your insurance fails to pay its portion for any reason, you agree that you are responsible for payment in full. In such cases, we will mail you notification that your insurance failed to pay, along with an invoice. Your signature below is your agreement to pay your account balance in full.

REFRACTION FEE

The part of your evaluation that determines your eyeglass prescription is called a refraction. A refraction is also done under certain circumstances for diagnostic purposes. If you have routine vision benefits such as VSP or EyeMed, your refraction is often included with your exam benefits. Medical insurances that do not include routine vision benefits, such as Medicare, often do not cover a refraction. The fee for a refraction is \$65. Your signature below verifies that you understand the refraction fee.

SPEEDY SPECS CONTACT LENS CARE POLICY

Speed Specs strives to provide "20/Happy Vision" to all our patients. To enhance our mission, Speedy Specs utilizes a comprehensive Contact Lens Care Policy. This policy is designed to ensure that all our contact lens patients receive excellent care and support throughout the entire term of their contact lens prescription. If you wish to receive a Contact Lens Prescription, the following Contact Lens Care Policy will apply. Please review our Contact Lens Care Policy below:

- A single "Contact Lens Evaluation Fee" of \$150 for experienced wearers and \$200 for new wearers will be billed for every annual elective contact lens prescription.
- Many insurance plans and routine vision plans pay some or all of the Contact Lens Evaluation Fee. Some do not. For those plans that do not pay for a contact lens evaluation, patients receive a 30% discount for paying this fee in full at the time of their initial annual evaluation.
- Your signature verifies that you understand our contact lens policy and agree to pay the applicable Contact Lens Evaluation Fee. The Contact Lens Evaluation Fee pays for the following services:
 - Comprehensive evaluation and monitoring of ocular health in preparation for, and while using contact lenses.
 - Annual contact lens prescription, including suggested wearing schedule.
 - Insertion and Removal instructions as needed for new or prior contact lens wearers as required.
 - Follow up appointments as needed to finalize the best contact lens solutions for you.
 - Follow up care throughout the year to diagnose and treat any contact lens-related conditions.
 - 25% off one pair for non-prescription sunglasses to ensure your eyes are protected from glare and harmful rays of the sun.
 - Our contact lenses are priced to match the most popular online contact lens distributors. We also provide a 15% discount for all annual supply contact lens orders.

MEDICAID PATIENTS

If you have Medicaid, the following Medicaid notice applies to your visit today. At Speedy Specs, Medicaid covers the following services and materials:

- Eye Examination
- Refraction
- Basic Frame if your current frame is unserviceable
- Lined Multifocal if needed
- If 21 or younger, polycarbonate lenses with scratch resistant coating and UV protection

Medicaid does not cover the following services:

- Eyeglass frames if your current frame is serviceable
- Contact Lens Evaluation (See Contact Lens Care Policy for Rates)
- Elective Refractive Surgery (billed by surgeon)
- Photochromatic Lens (\$70.00)
- Elective Lens Tint (\$50.00)
- Polarization (\$70.00)
- Anti-Reflective Coating (\$50.00)
- High Index lens Upgrade (\$100.00)
- Frames more than \$120.00 (balance over \$120.00)
- Polycarbonate if over 20 years of age (\$25.00)
- Progressive Multifocal Upgrade (\$75.00)
- Other Miscellaneous Frame and Lens Upgrades (see your billing statement)

Your signature is agreement that we have informed you of services and materials not covered by Medicaid. You also agree to be personally and fully responsible for payment for services and materials not covered by Medicaid. You also agree that we are informing you of non-covered services and materials that you purchased today. If you fail to notify us of any reason that Medicaid may deny a claim for services, you agree that you will immediately pay us in full for services and materials. Please feel free to ask one of our employees if you have any further questions regarding Medicaid. If you have Medicaid and a serviceable eyeglass frame, Medicaid requires that you utilize that frame or purchase a new frame at your own expense. It is your duty to advise our opticians if you have a serviceable frame to utilize. Please advise our opticians if you currently have a serviceable frame.

Your signature below indicates that you have read and agree with all applicable policies and notifications above.

Patient Printed Name: _____

Patient or Guardian Signature: _____

Date: _____