



LIFETIME INSURANCE ASSIGNMENT

In the event that I, the patient, am entitled to medical benefits or recovery of any type, arising from an insurance policy that ensures the patient or any other party liable to the patient such as but not limited to: private and group health, automotive liability, general liability, personal injury protection, medical payments, and uninsured or underinsured motorist benefits, that such benefits or recovery be hereby applied directly to Millennium Eye Center (MEC). As a patient, I understand that these benefits will be applied for payment of services rendered and provide consent for those benefits to be applied in the above stated manner. I am in full understanding that I am responsible for any and all charges not covered by these benefits.

Florida Statute Section 817.234 stipulates “any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.”

My initials in the consent form indicate- that I acknowledge that I have read the above statute and all information provided is accurate and true, to the best of my knowledge.



ASSIGNMENT OF MEDICARE & MEDICAID BENEFITS:
CERTIFICATION, AUTHORIZATION FOR RELEASE, AND PAYMENT
REQUEST (FOR MEDICARE & MEDICAID PATIENTS ONLY)

I certify that information provided when applying for payment under title XVIII of the Social Security Act is true and correct to the best of my knowledge. I hereby authorize any holder of information, medical or other to release this information and/or documents to the Social Security Administration or its intermediaries and carriers for use in this or related Medicare claim. I request for payment of these benefits to be made on my behalf.

I am in full understanding that benefits otherwise payable to the undersigned and /or patient to any involved physician(s) are to be paid by insurance benefits; however, I will be responsible for all charges not covered by said benefits. Charges that may not be covered include but are not limited to deductibles, co- insurance payments and any personal charges considered non-covered charges.



PATIENT/GURANTOR AGREEMENT

For the purpose of this agreement, “non covered charges” are charges otherwise billed, that are not covered by a third party for any reason. These charges may include, but are not limited to: denial of coverage, exclusion of coverage and absence of a responsible third party payer. However, “non covered charges” do not included differences between MEC charges and rates that have been established through contract, if applicable. Regardless of my status at the time I sign this agreement. Whether I am signing as an agent/representative or patient, I obligate myself to this agreement which states that payment of services rendered will be paid to MEC regardless of condition. I hereby guarantee payment of all applicable co- payments, deductibles, and charges not covered through benefits. In the event any portion of said patient’s account(s) are referred to an attorney for collection due to non payment, I agree to payment of all expenses pertaining to collection, including reasonable legal fees regardless if suit is filed or is not filed.

My initials on the consent form indicate that I agree that Millennium Eye Center (MEC) will receive payment for all services rendered, at the time they are rendered. Payment of services includes but is not limited to all co payments, deductibles and charges not covered by third party payers. I further understand that in the event that benefits are not verifiable, that I will be responsible for all charges estimated for services rendered.



PUPIL DILATION CONSENT

A comprehensive Eye examination is not complete without a thorough retinal exam. In order to get a good view of the retina, the doctor use ophthalmic drops to dilate the pupils. Once the pupils are dilated, the doctor can thoroughly check for any eye diseases while examining the internal eye structures. Without dilating the pupils, the view of the Retina is limited and our doctor will not be able to detect any asymptomatic retinal conditions.

Pupil dilation can cause the following symptoms:

- Ocular numbness, sleepy or heavy eyes for about 20-30 minutes. Sensitivity to bright light such as the sun for up to six hours and sometimes 24 hours depending on the strength of the drops used.
- Objects positioned at arm length or closer may be blurry for a period of four to six hours or longer depending on the drops used.
- Very seldom patients with a history of migraine headaches may get an episode with pupil dilation... Please inform the staff and doctor about any such condition.
- Because children usually have excessively strong focusing systems, the doctor may use stronger drops to control the focusing system in order to insure an accurate prescription. In such cases, the side effects listed above will last for 18-24 hours depending on individual sensitivities. Parental consent for pupil dilation is required for children under 18.



REFUND POLICY:

- There are **NO REFUNDS** on professional services.
- There are **NO REFUNDS** of payments for materials once an order is processed.
- For Glasses:
 - If patient is on a payment plan, follow the rules of that payment plan for refund of unprocessed orders.
- For Contacts:
 - There are **NO REFUNDS** of professional exam fees.
 - **NO REFUND** on materials once contacts are dispensed.
 - However, we can do a one-time complimentary exchange of the unused contact lenses purchased from us. Boxes must be resalable, meaning – there should be no marks or writing, no torn or missing labels on boxes and each box must be factory sealed.