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Welcome to Griffin & Reed Eye Care

ABOUT YOUR CHARGES & YOUR PRIVACY

This is a Medical office dedicated to the health of your eyes. As a part of our comprehensive eye exam, we can also provide vision services that include a prescription for glasses and contact lens. **The vision services are typically not covered by your medical insurance.** A separate vision insurance plan covers the prescription for glasses and typically the fitting for contact lens. Vision plans DO NOT cover services of updating your current contact lens prescription.

If you have only a medical insurance and you would like a prescription for glasses, the fee is \$30.00. If you are interested in contact lens, the fitting fee is \$75.00 which includes 3 months of contact lens related follow up visits. If you would like a prescription for updating your current contacts, the fee is also \$30.00. The contact lens update does not include follow up visits. The fee for a contact lens visit is \$25.00. These fees will be collected at the time of service.

As a courtesy, we are happy to bill your insurance company on your behalf. We are only able to bill your insurance if you give us consent and the proper information: current insurance cards, billing address, group and ID numbers, etc.

If your insurance company does not pay for the exam, then you are responsible. We ask that you sign the bottom of this sheet prior to your eye exam to ensure that you understand your responsibility to pay for the above services if your insurance company fails to pay.

Limits on Use and Release of Protected Information

Protected information can only be used or disclosed for purposes of health care treatment and billing for payment only after the patient has given advance consent. Protected health information can be disclosed without patient consent only to the limited expectations listed below. Griffin & Reed Eye Care can and will withhold treatment from a patient who does not give consent.

Protected information cannot be used for non-health care purposes, such as personnel decisions or used by financial institutions, without special written authorization from a patient. A consent of authorization may be revoked at any time by written notice from the patient.

Permitted disclosures without special patient consent:

- Oversight of the health care system, including quality assurance activities
- Public Health issues
- Research generally limited to when a waiver or authorization is independently provided by a privacy board or Institutional Review Board
- Judicial or administrative proceedings
- Certain law enforcement activities
- Emergencies and serious threats to health and safety

I have read and understand the information above. I give my consent to use my protected information as stated above and I understand I will be responsible for any services, not covered by my insurance

Patient Name (Print)

Patient Signature

Date

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