



Leonard Graf, O.D., P.C.
Matthew Webb, O.D.
Certified Therapeutic Optometrists

Welcome to Our Office

For faster service, please complete the following form prior to arriving at our office

Appointment Date _____

Patient's Name (please print) _____

Birth Date _____ M or F SSN _____

If a child, parent's name _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Work Phone _____

E-mail Address _____

Emergency Contact _____ Relation? _____

Emergency Phone _____

Major Medical Insurance _____

Name of Member _____

Please Read:

I authorize the release of any medical information necessary to provide the most beneficial and complete visual examination. I understand that I am financially responsible for all charges whether or not paid by insurance. Payment is due the at the time services are rendered.

Signature _____ Date _____

**Aurora Vision Center
Financial Policy**

We are committed to providing you with the best care, and we are happy to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important. Please ask if you have any questions about our fees, financial policy or your responsibilities.

- Full payment for services is **DUE AT THE TIME THE SERVICE IS RENDERED** unless other arrangements have been made with this office. We accept cash, personal checks, VISA, MasterCard, American Express and Discover.
- Delinquent accounts may be referred to a collection agency. You agree that if it becomes necessary to forward your account to our collection agency, in addition to the amount owed, you will also be responsible to pay all reasonable attorney fees along with any additional court costs awarded by the court.
- A \$20 fee is charged on all returned checks, and your account will become delinquent. If your account becomes delinquent, the doctors in our office will not be able to provide you or your family members with any service, including eyeglass and contact lens prescriptions.
- **WE ARE NOT PARTY TO ANY LEGAL AGREEMENT BETWEEN DIVORCED OR SEPARATED PARENTS.**

INSURANCE PROGRAMS THAT CONTRACT DIRECTLY WITH US- YOU ARE RESPONSIBLE FOR UNDERSTANDING THE POLICY THAT YOU HAVE CHOSEN, and for providing our office with all necessary billing information. Please read the benefits of your individual policy. **There are some services that may not be covered by your insurance.**

- Your comprehensive eye exam includes a wellness visit, refraction and your eyeglass prescription, which expires after two years.
- **Your contact lens exam is not part of a routine exam and is not typically covered by insurance.** Contact lens fitting and evaluation includes additional testing and measurements, and *is done every time you need to update your contact lens prescription.*
- Any copays associated with your contact lens exam are dictated by your insurance company, and are subject to change from year to year.
- Contact lens fitting and evaluation fees depend on the complexity of each individual case. These fees include your follow up contact lens appointments, solution, a contact lens training and care class if needed, and at least one pair of trial lenses. **Contact lens prescriptions expire after one year.** Exchanges or credits will be given on unopened/undamaged materials due to doctor changes.

Optos scanning laser technology allows your doctor to see a broader and more detailed view of your retina without dilation. As part of your workup we will capture images of your retina. When reviewed, these scans become a permanent part of your medical record. **A fee of \$39 will be charged when these images are reviewed with your doctor, and is not usually covered by insurance.**

I have read and agree to the above conditions,

Signature

Date