Authorization to Bill Vision/Medical Insurance (required if using any insurance)

Due to the many changes in and the complexity of insurance policies, it is no longer an easy task to interpret each individual policy. Although we try to stay aware of these changes, it is not always possible. By knowing your individual coverage, unexpected charges can be avoided. Please remember that your insurance policy is between you and your insurance company, not with the insurance company and your doctor. The services you contract for today are between you and General Optical. We make every effort to verify your insurance eligibility and coverage; however, your insurance company does not guarantee the accuracy of that information. If your insurance pays less than expected, you are responsible for the balance. Medical insurance may be billed instead of vision insurance based on the exam (medical/wellvision). If your insurance is not one we have contracted with, it is your responsibility to self-pay for the services and be reimbursed by your insurance. We will provide you with appropriate documentation to do so.

I hereby authorize General Optical to release any information to my vision/medical insurance company with respect to services received today and/or medically bill when not a wellvision exam, for my dependent or myself. I agree to reimburse my insurance for any overpayment of benefits. If direct reimbursement is not made, such overpayment may be deducted from future vision/medical coverage benefits payable to me. I request that any benefits payable for services be paid directly to General Optical to the extent I have not already paid. (ie. If medical visit with Eyemed Ins, bill to medical Ins Medicare, etc...)

Date//	Card Holder: *Full Name
Patient Name	*if different *Birthdate//
Signature	*Relationship to Insured
Card Holder	*Phone□cell
Insurances	*Social Security #
List all Medical and Vision *Card Holder Address	
Exams include Pupil Dilation	Automated Perimetry Screening
 Eye drops will be used to enhance the doctor's view of the inside of your eye. Common side effects include 4 to 6 hours of light sensitivity, for which post-dilation glasses are available, and blurred near vision without reading glasses. ✓ Is necessary to assess the health of the inner eye. ✓ Helps to diagnose: cataracts, glaucoma, macular degeneration, retinal detachments, floaters, complications from diabetes, high blood pressure or trauma and <i>many</i> others. ✓ Performed at yearly exams or more often as needed. ✓ Normally does not affect your driving vision, as long as you see reasonably well with your current eyeglasses or contact lenses. 	 Screening is not covered by most insurances, <u>\$17</u>. A computer measures the minimum amount of light required to stimulate the brain. It measures subtle decreases in vision caused by disease. If automated perimetry is declined, your gross visual field will be tested manually. Assesses the continuity of the eye and entire visual pathway. Helps to diagnose and monitor eye, optic nerve, and brain disorders: glaucoma, macular disease, optic nerve disease, strokes affecting vision, pituitary tumor, and <i>many</i> others. Is much more sensitive to subtle vision defects and loss of vision than manual perimetry, where an object is observed for its presence.