Nashville Family Eye Care, PLLC

Consent & Acknowledgement Form for Services & Insurance

Acknowledgement of Receipt of Privacy Practices (HIPAA)

In the course of providing services to you, we create, receive, and store health information that identifies you. It is often necessary to use and disclose this information in order to treat you, to obtain payment for services, and to conduct healthcare operations.

The Notice of Privacy Practices you have been given describes these uses and disclosures in detail.

☑ I acknowledge that I have received, or been offered the opportunity to receive, a copy of Nashville Family Eye Care, PLLC's Notice of Privacy Practices, which explains how my health information may be used and disclosed.

Consent to Treatment

☑ I authorize the providers at Nashville Family Eye Care, PLLC to provide evaluation, diagnostic testing, and treatment considered necessary for my eye health and vision care.

Insurance Authorization & Signature on File

I certify that the insurance information I have provided is accurate and complete. I authorize Nashville Family Eye Care, PLLC and its providers to:

- Submit claims on my behalf
- Receive payments directly from my insurance company
- Release any necessary medical information to my insurance provider for claim processing

I understand that I am financially responsible for any amounts not covered by my insurance, including deductibles, co-pays, and services deemed non-covered.

Financial Policy

Our practice is committed to providing the best care for our patients. We will file your insurance as a courtesy; however, we require payment of any known patient responsibility — including co-pays, deductibles, non-covered services, and contact lens fitting fees — at the time of service.

- Insurance Billing: Final determination of benefits is made by your insurer once your claim is processed. This may result in an additional balance due.
- Patient Responsibility: If your insurance has not responded within 60 days of claim submission, the balance becomes your responsibility.
- Delinquent Accounts: Accounts unpaid after 90 days may be sent to collections, and an additional 30% collection fee will be added to cover costs.

Understanding Vision vs. Medical Insurance

Many patients have both vision insurance (e.g., EyeMed, VSP) and medical insurance (e.g., BCBS, Aetna, Medicare). These plans cover different services:

Vision Insurance:
• Covers routine eye exams, glasses, and contact lenses
• May cover annual evaluations of eye health for healthy patients

Medical Insurance:
• Covers eye care related to medical problems (e.g., infections, dry eye, cataracts, diabetic eye disease, injuries)
• Does not cover routine exams for glasses or vision correction (nearsightedness, farsightedness, astigmatism)

☑ I acknowledge that I understand the differences between vision and medical insurance and authorize Nashville Family Eye Care, PLLC to bill the appropriate insurance based on the reason for my visit and the results of my examination.

Contact Lens Prescription Release Acknowledgement

I understand that contact lenses are safe when used responsibly but can cause serious eye infections if not cared for properly. I acknowledge that:
• Contact lenses require annual evaluation and a valid prescription
• If I experience pain, redness, or blurred vision, I should remove my lenses and contact my doctor immediately
• Untreated infections may result in vision loss

☑ I acknowledge that I was provided with a copy of my contact lens prescription upon completion of my fitting (if applicable).

Glasses Prescription Release Acknowledgement

☑ I acknowledge that I was provided with a copy of my glasses prescription at the completion of my eye exam.

Electronic Communication Consent

☑ I consent to receive communication from Nashville Family Eye Care, PLLC via phone, text, or email for purposes including appointment reminders, billing, and follow-up care.

Signature

Patient Name: _____

Patient Signature: _____ Date: _____

If patient is a minor:
Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Rev. September 2025