

SAN JOSE EYE INSTITUTE

Notices to Patients

- Refraction Charges

Part of your exam may include a refraction. This test helps determine if your vision can be improved with eyeglasses. It is an important step in evaluating the health of the eye. Most medical insurances no longer cover the cost of a refraction. As a courtesy to our patients, we will not bill your insurance or charge you for the refraction. If you desire a copy of the refraction, the cost is **\$110** collected at the time of service. If you have vision insurance, consider seeing your optometrist who can bill the refraction to your vision plan.

- Co-Payments

If your insurance has a co-pay, you are required to pay this at the time of service. If payment is not made at the time of service, there will be an additional **\$35** service fee.

- Insurance Deductibles

If you have a deductible, and the deductible has not been met, we will require that you pay the lesser of either the unmet deductible or the charge for the visit at the time of service. If there is an over payment, we will refund the difference.

- Dilation

Dilating drops are used to enlarge the pupil of the eye so that your eye doctor can get a better view inside the eye. Dilating drops may blur vision and make eyes sensitive to brightlights. It is not possible to predict how much your vision may be affected. Because driving may be difficult following dilation, it is best to make arrangements not to drive yourself.

- National Open Payments Database

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>. For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments web page is provided here. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten dollars (\$10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public.

I have read and understand the above notices. I agree to the payment terms, and consent to being dilated as deemed necessary.

Sign: _____

Date: _____

Print name of patient: _____

If you are signing as the patient's representative,

Print your name: _____

Describe your authority: _____