



PERKS OF EYE CARE, PLLC

Independent Optometrist Inside Costco

Patient Information & Financial Policy

We currently **DO NOT** accept any vision or medical insurance plans

First Name:	Last Name:	Date of birth:
Address:	City & State:	Zip Code:
Phone Number:	Email:	Last Exam:
Reason for visit:	Are you a Diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation:

Examinations

Glasses Exam \$80.00 <input type="checkbox"/>
Contact Lens Exam \$100.00-\$140.00 <input type="checkbox"/> <i>Includes prescription for glasses & contacts</i>
Rigid Gas Permeable Contact Exam \$180.00-\$220.00 <input type="checkbox"/> <i>Includes prescription for glasses & contacts</i>
Pediatric Exam \$115.00 <input type="checkbox"/> <i>Required if 12 years or younger</i>
Diabetic Exam \$125.00 <input type="checkbox"/> <i>Required if diabetic</i>
Medical Office Visit: \$100.00-\$150.00 <input type="checkbox"/> <i>Prescription not included</i>

Additional Services

Retinal Imaging (OPTOS) and/or Dilation \$35.00 <input type="checkbox"/>
Contact Lens Training \$25.00 <input type="checkbox"/>
Thumb Drives \$10.00 <input type="checkbox"/>
Outside Forms \$10.00 <input type="checkbox"/>

For office use only

OPT DFE GL CL RGP MOV

Retinal Imaging (Recommended)

Evaluating the health of the back of the eye is a very important part of a comprehensive eye exam that **our doctors recommend ALL patients have done yearly**. This great screening tool is a quick photo that involves a flash of light in each eye, usually no pupil dilation drops are needed. It can detect eye diseases like **macular degeneration, glaucoma, retinal holes/tears/detachments**. It can also detect for overall health conditions like **diabetes and high blood pressure**. Your doctor will review these photos with you- which become a permanent part of your record and will be compared from year-to-year. If pupil dilation is necessary to obtain a better image, it will be included at no extra charge. Without the Optos photo or pupil dilation, the doctor's ability is limited to diagnose/treat eye conditions that involve the back of the eye and could lead to potential irreversible vision loss. If you choose **not** to have the Optos image or pupil dilation complete, by signing below, you are expressing understanding and agreeing to this risk.

Signature: _____ Date: _____

Follow-Up Policy

- *Each exam includes (1) follow-up visit, each additional follow-up visit within (60) days, may be subject to a \$25.00 charge*
- *Outside of the (60) day follow-up period, you will be charged the full exam fee*

Privacy Policy

Please review the copy of our offices privacy policy provided

I acknowledge I have received the above exam pricing and follow-up policies. I agree to pay in full at the time of service. I acknowledge that I have been offered to review our office privacy policy. **I acknowledge that this office does not refund fees for professional services. (this includes fees for eyeglass exams, contact lens exam, medical office visits, retinal imaging, pupil dilation, etc.)**

Signature: _____ Date: _____