



Returning Patient Form

Today's Date _____

Name _____
(Last) (First) (MI)

Email address _____ Height: _____ Weight: _____

Are you ok to be dilated today? YES UNSURE

Any changes in the following??

Address: _____

Cell Phone _____ Work _____ Home _____

Your health _____

Medications/Supplements _____

Primary Care Doctor: _____ Pharmacy: _____

Allergies _____

Do you use any eye drops? _____

Are you interested in new glasses? Yes No

Are you interested in contact lenses? Yes No

List any problems you are having with your eyes or your vision:

Signature _____

(If patient is under 18 years of age, parent or guardian signature required)

Doctor reviewed: _____

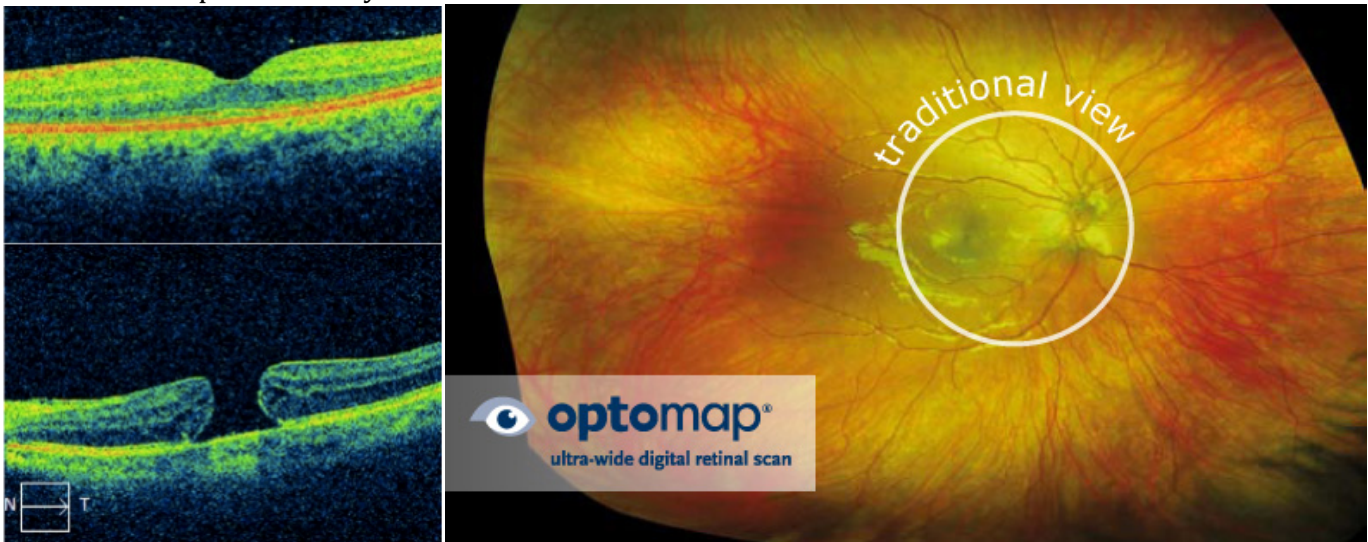


Preventative and Wellness Consent

In our continued efforts to provide the highest level of eye care, and to bring the most advanced technology available to our patients, Gatti Vision is proud to offer our patients an advanced Preventative and Wellness Screening using our state of the art technology.

Analyzing these extremely high-resolution images is an excellent technique for diagnosing and monitoring diseases like GLAUCOMA, MACULAR DEGENERATION or DIABETIC RETINOPATHY.

Imaging performed today establishes a baseline for future exams. This makes it possible for Dr. Dunn to detect any changes in your eyes over time with extreme precision. It is now the standard of care to perform retinal imaging during comprehensive eye examinations at Gatti Vision.



_____ I accept this standard of care for **\$25.00**

This is not covered by insurance and can be paid by cash, check or credit card

_____ I decline the advanced imaging against my doctor's recommendation.

Signature

Date



15405 SW 116TH AVE UNIT 204 | KING CITY OR, 97224 | (971) 371-3927

Written Financial Policy

Thank you for choosing Gatti Vision LLC. Our primary mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, or accepted credit cards
- CareCredit healthcare credit card. CareCredit is the preferred healthcare credit card providing special financing and payment options¹ for out-of-pocket medical expenses. Ask about how the CareCredit healthcare credit card can help you.

We offer a 12% courtesy adjustment to uninsured patients who pay day of service for their vision care.

Please note:

It is customary to pay for professional services when rendered. However, **if you have a medical problem then we will bill your medical insurance on your behalf**. During your comprehensive exam, a refraction will be performed. A refraction is a measurement of the lens power necessary to prescribe glasses or other corrective lenses. Most medical insurance plans, including Medicare, do not cover routine refractions or routine eye exams (when no medical eye problem is known or suspected). Medicare, and most other insurance plans, insists that we charge separately for that portion of the examination, since it is not a covered service. You will receive an explanation of benefits from them itemizing your responsibilities. You will be responsible for any co-payments, deductibles or non-covered services as determined by your insurance company.

Contact lens exams are not part of comprehensive exams. There may be an additional fee for these exams and fittings if they are not covered by your insurance.

If you have a separate plan that covers routine or annual eye examinations and/or hardware, please let us know. Your vision plan may assist you with your eye care needs that are not covered by your medical plan. We will bill your vision plan as above.

We are a Medicare participating practice. If you are a Medicare Beneficiary, we will file a claim for you. You will be responsible for the annual deductible and the 20% co-payment.

MINORS ACCOMPANIED BY AN ADULT; The adult accompanying a minor and his/her parents (or guardian) are responsible for payment upon completion of your exam or consultation.

¹Subject to credit approval

In accordance with our contract and with your insurance provider, we are responsible for collecting, and you are responsible for paying, co-payments after your exam.

Gatti Vision LLC requires payment after the exam or consult.

Gatti Vision LLC requires a payment be made in full prior to the order of your optical purchases.

Gatti Vision LLC requires a fee for the refraction of \$35 (if your insurance does not cover it). *See above

Gatti Vision LLC will verify your insurance eligibility prior to your appointment.

If you have any questions, please do not hesitate to ask. We are here to help you get the quality care you want or need.

*However, if we do not receive payment from your insurance carrier within 15-30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

Vision vs. Medical Insurance

1.) Vision Insurance – Examples: VSP, EyeMed, Spectera, etc.

- Routine vision exams with copay
- Hardware and contact lenses with copay
- Does not cover medical eye care (dry eyes, allergies, injuries, etc.)

2.) Medical Insurance – Examples: BCBS, Medicare, Cigna, Providence, etc.

- Used for medical eye care (diabetes, dry eyes, allergies, injuries, infections, etc.)

If a medical eye condition is discovered during your comprehensive vision exam, Dr. Dunn may ask you to return for a progress evaluation. If you have both types of insurance, we will bill the insurances appropriately. We will try to minimize your out-of-pocket expense. If some fees are not covered by insurance you will be responsible for them. For example, deductibles, co-pays, and non-covered services as allowed by our insurance contract.

Please provide all insurance information you may have by time of service so that our staff can record all of your coverages. We need to have a copy of all insurance cards on file in case we need to bill your insurance for future exams. If insurance is not provided, fees will be the responsibility of the patient.

By signing below, you acknowledge that you have read and understand this document.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

RETURN/EXCHANGE POLICY

Gatti Vision LLC does not allow returns or exchanges on frames, reading glasses, or sunglasses. This includes all accessories and cleaners. **All sales are final.** We take the time to help you pick out the best products and ensure you are satisfied before leaving the office.

Gatti Vision LLC does not allow returns or exchanges on artificial tears, warm compresses, Alaway, Omega 3s, lid scrubs, or contact lens solution. **All sales are final.** We are a medical practice and therefore cannot allow any returns or exchanges - whether opened or unopened.

By signing below, you understand that once purchased, the product is unreturnable.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)