

First Name		Middle Initial	Last Name	
Address			City	State
Cell Phone		Home Phone		Email
Date of Birth / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Last 4 Digits of SSN (If using insurance)
Occupation		How did you hear about us? <input type="checkbox"/> Yelp <input type="checkbox"/> Google <input type="checkbox"/> Family <input type="checkbox"/> Other _____		
Emergency Contact Name		Emergency Contact Phone		Daily Hours Spent on a Computer ?
Purpose of Today's Visit <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Medical Visit <input type="checkbox"/> Other _____				
Check All That Apply Today: <input type="checkbox"/> Blurry Vision (Distance/Near/Computer) <input type="checkbox"/> Eye Strain <input type="checkbox"/> Dry Eyes <input type="checkbox"/> Flashes/Floaters <input type="checkbox"/> Light Sensitivity <input type="checkbox"/> Irritation/Itchiness <input type="checkbox"/> Redness				
Last Eye Exam Date	Eye Doctor	Dilated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Physical Exam Date	Primary Care Doctor
Allergies to Medications			Current Medications	
What type of glasses do you wear (check all that apply) <input type="checkbox"/> Distance/Driving <input type="checkbox"/> Sunglasses <input type="checkbox"/> Bifocal <input type="checkbox"/> Progressive <input type="checkbox"/> Computer <input type="checkbox"/> Reading <input type="checkbox"/> Sports Glasses <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Light Adaptive / Transitions <input type="checkbox"/> Other _____				
What Brand of Contact Lenses do you Wear?			Power of Contact Lenses	

	Self Family		Self	
Diabetes Type: I / II	<input type="checkbox"/> <input type="checkbox"/>	Hyper/Hypothyroidism	<input type="checkbox"/>	List Other Eye Conditions: _____ _____
Diabetic Retinopathy	<input type="checkbox"/> <input type="checkbox"/>	Migraines	<input type="checkbox"/>	
High Blood Pressure	<input type="checkbox"/> <input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	
High Cholesterol	<input type="checkbox"/> <input type="checkbox"/>	Stroke	<input type="checkbox"/>	List Other Health Conditions: _____ _____
Glaucoma	<input type="checkbox"/> <input type="checkbox"/>	Smoking	<input type="checkbox"/>	
Macular Degeneration	<input type="checkbox"/> <input type="checkbox"/>	Currently Pregnant	<input type="checkbox"/>	
Retinal Detachment	<input type="checkbox"/> <input type="checkbox"/>	Lazy Eye	<input type="checkbox"/>	_____
Cancer	<input type="checkbox"/> <input type="checkbox"/>	LASIK/PRK	<input type="checkbox"/>	_____
Color Blindness	<input type="checkbox"/> <input type="checkbox"/>	Cataracts	<input type="checkbox"/>	_____

ACKNOWLEDGEMENT OF POLICIES I authorize the provider to utilize applicable insurance benefits, if any, for services and materials. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the provider to release all information necessary to secure the payment of benefits. I agree to the Store Policies & Privacy Policy on the date indicated below. Copies of policies are available upon request.

NO SHOW & LATE CANCELLATION POLICY We are committed to providing exceptional care. Unfortunately, when a patient cancels without giving enough notice, it prevents another patient from being seen. We make every effort to mutually respect scheduling conflicts, and require at least 24 hour notice if you need to cancel your appointment. A no-show or late cancellation fee of \$40 will apply. We reserve the right to modify your appointment if you do not confirm. If you miss or cancel two appointments without 24-hour notice, you may be unable to schedule any further appointments. You are responsible for this fee; it will not be billed to insurance.

X Sign Here: _____ **Date:** _____

Store Policies & Limited Manufacturer Warranty

Custom Lenses & Enhancements are medical devices specifically for your prescription and frame of choice and are not refundable. Orders require full payment to be processed and cannot be canceled or modified once submitted. New glasses may often feel strange or different, and your eyes may need days or weeks to become adjusted. In the case of non-adaptation, progressive lenses may be exchanged for another lens type, but the price difference is non-refundable. Vision insurance orders are subject to insurance policy restrictions and price corrections during the billing process.

Oops Protection: All glasses purchases include a 30% discount off identical reorders within 180 days of the original purchase date.

Contact Lenses in new, unopened condition can be exchanged for store credit within 180 days for the original purchase amount. Packages must be sealed, unmarked, and undamaged to qualify. Contacts cannot be returned after a rebate has been claimed. All annual supplies are eligible for free shipping to a US address.

Non-Prescription Sunglasses in new, unworn condition can be returned or exchanged within 15 days of the original purchase date and a 15% restocking fee will be deducted.

Professional Services, including copays, must be paid in full at the time of service and are not refundable. We offer complimentary adjustments for any glasses previously purchased with us. Adjustments will be performed at the patient's own risk and our office cannot be held liable for damage or breakage. For this reason, we are not able to service glasses purchased elsewhere.

No Show & Late Cancellation: We are committed to providing exceptional care. Unfortunately, when a patient cancels without giving enough notice, it prevents another patient from being seen. We make every effort to mutually respect scheduling conflicts and require at least 24-hour notice if you need to cancel your appointment. A no-show or late cancellation fee of \$40 will apply. We reserve the right to modify your appointment if you do not confirm. If you miss or cancel two appointments without 24-hour notice, you may be unable to schedule any further appointments. The patient is responsible for this fee and cannot be billed to insurance.

Store Policies & Limited Manufacturer Warranty

Limited Frame Manufacturer Warranty provides coverage against manufacturing defects in material or workmanship for one year from the date of purchase. A \$25 charge applies for shipping and handling. Examples of what is covered include delamination, peeling, bubbles or imperfections, premature flaking or deterioration of coatings, & missing components. The limited warranty does not cover cosmetic scratches, wear and tear, stretching, breakage, accidental damage, loss, misplacement, theft, heat damage, chemicals such as hair spray, cologne, window cleaner, alcohol, glue, epoxy, or any unauthorized modifications. Please ask an associate for pricing and availability of replacement parts.

Limited Lens Manufacturer Warranty provides coverage against manufacturing defects in material or workmanship for one year from the date of purchase. A \$25 charge applies for shipping and handling. A one-time one-year warranty is offered only for lenses with anti-glare enhancements. Uncoated lenses are not eligible. Examples of what is covered include delamination, peeling, bubbles or imperfections, premature failure resulting in atypical scratching or crazing from normal use. The limited warranty does not cover breakage, accidental damage, loss, misplacement, theft, heat damage, chemicals such as hair spray, cologne, window cleaner, alcohol, glue, epoxy, or any unauthorized modifications. The replacement lenses must be for the original frame and prescription. Lenses purchased through insurance are subject to insurance policies.

Patient-Supplied Eyewear: Our office is more than happy to reuse your eyewear with a signed waiver. We pledge to take the utmost care in handling your frame. However, we cannot assume responsibility for any damage that may result during the handling of your frame, which includes but is not limited to adjusting, removing, or reinserting lenses. All customers who wish to use their frame agree that the office is not liable for damage, loss by carriers, or responsible for providing replacement parts. For irreplaceable frame designs that are no longer manufactured, we strongly recommend purchasing new frames.

Special Order Merchandise requires a \$25 non-refundable fee that can be used towards the purchase of the item. The fee will be forfeited if not purchased within 14 days of delivery.

Price Matching is not offered for products or services. We greatly appreciate that you choose us over big-box retailers as every purchase directly supports our team, their families, and our local community.



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can obtain access to this information. Please review it carefully.

General Rule This notice covers all health care providers employed by and/or practicing within the offices owned and operated by Sunshine Optometry. We respect our legal obligation to keep health information that identifies you private. The law obligates us to give you notice of our privacy practices. Generally, we can only use your health information in our office or disclose it outside of our office, without your written permission, for purposes of treatment, payment or healthcare operations. In most other situations, we will not use or disclose your health information unless you sign a written authorization form. In some limited situations, the law allows or requires us to disclose your health information without written authorization.

Uses or Disclosures of Health Information Examples of how we use information for treatment purposes: When we set up an appointment for you; When our technician or doctor tests your eyes; When the doctor prescribes glasses or contact lenses; When the doctor prescribes medication; When our staff helps you select and order glasses, contact lenses, or other visual aids; When we show you low vision aids.

We may disclose your health information outside of our office for treatment purposes, for example: If we refer you to another doctor or clinic for eye care or low vision aids or services; If we send a prescription for glasses or contacts to another professional to be filled; When we provide a prescription for medication to a pharmacist; When we phone to let you know that your glasses or contact lenses are ready to be picked up; Sometimes we may ask for copies of your health information from another professional that you may have seen before.

We may use your health information within our office or disclose your health information outside of our office for payment purposes. Some examples are: When our staff asks you about health or vision care plans that you may belong to, or about other sources of payment for our services; When we prepare bills to send to you or your health or vision care plan; When we process payment by credit card and when we try to collect unpaid amounts due; When bills or claims for payment are mailed, faxed, or sent by computer to you or your health or vision plan; When we occasionally have to ask a collection agency or attorney to help us with unpaid amounts due.

We use and disclose your health information for healthcare operations in a number of ways. Healthcare operations mean those administrative and managerial functions that we have to do in order to run our office. We may use or disclose your health information, for example, for financial or billing audits, for internal quality assurance, for personnel decisions, to enable our doctors to participate in managed care plans, for the defense of legal matters, to develop business plans, and for outside storage of our records.

Appointment Reminders / Letters We may call to remind you of scheduled appointments. If you are not available, a message may be left at your home or work. In addition, we may send you a postcard to notify you that you are due for services. We may also call or send you written material to notify you of other treatments or services available at our office that might help you. When you refer someone to our office for service, we may send you a thank you note to acknowledge the fact, and thank you for your kindness.

Uses & Disclosures without an Authorization In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never happen at our office at all. Such uses or disclosures are: A state or federal law that mandates certain health information be reported for a specific purpose; Public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Food and Drug Administration regarding drugs or medical devices; Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence; Uses and disclosures for health oversight activities, such as for the licensing of doctors, audits by Medicare or Medicaid, or investigation of possible violations of healthcare laws; Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies; Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else. Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue



donations; Uses or disclosures for health related research; Uses and disclosures to prevent a serious threat to health or safety; Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service; Disclosures relating to workers' compensation programs; Disclosures to business associates who perform healthcare operations for us and who agree to keep your health information private.

Other Disclosures We will not make any other uses or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it.

Your Rights Regarding Your Health Information The law gives you many rights regarding your health information. You can ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or healthcare operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to our Privacy Officer at the address shown at the beginning of this notice. You can ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to our Privacy Officer at the address listed at the beginning of this notice. You can ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. Primarily, however, you will be able to review or have a copy of your health information within 30 days of asking us. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally required. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we sent you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to our Privacy Officer at the address at the beginning of this notice. You can ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment to our Privacy Officer at the address shown at the beginning of this notice. You can get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want), except disclosures for purposes of treatment, payment or health care operations, disclosures made in accordance with an authorization signed by you, and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing.

Our Notice of Privacy Practices By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have, as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office.

Complaints If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you wish to complain to us, send a written complaint to the address at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone. We encourage you to contact us in person, as we take any concern or complaint you may have extremely seriously.

For More Information If you want more information about our privacy practices, call or visit us at the address or phone number shown at the beginning of this notice.

Last Updated 03/02/2018



What to Know About Vision Insurance Copays

You've likely encountered copays when using health insurance to visit a family physician or urgent care facility. Likewise, you'll have copays when you see an eye doctor and use your vision insurance. Although copays are not new, there are a few common questions people typically ask about their vision plan copays. Here are the things you should know:

What is a copay?

When you visit an eye doctor, your vision copay is a fixed amount you pay for services. So when you get an eye exam, you pay a copay and your plan covers the rest. Your vision plan identifies what your copay is for vision services.

Why is a copay necessary?

Copays help you manage your budget by knowing ahead of time what you'll have to pay during your visit.

Are copays the same for all vision insurance plans?

Copays can differ with each plan. You'll typically find a copay for your exam, one for your glasses, and sometimes copays are associated with specific lens enhancements. That's why it's important to review your plan benefits.

What if I have other questions about copays or my plan?

Any time you have questions about your VSP® vision plan copays or your insurance plan in general, you can speak with our knowledgeable customer service team at **800.785.0699**. Our service center is open **Monday through Friday from 7a.m. to 7p.m.** Central Time. We're happy to do what we can to help you make the most of your VSP vision insurance

Link: <https://www.vspdirect.com/vision-hub/vision-insurance-copays>