DAVIS EYE CLINIC

THOMAS M. DAVIS JR. MD

JAMES B. WILHITE JR. MD

NOTIFICATION OF NON-COVERED SERVICES

NAME: _____ CHART# _____

As your physician, I want to provide you with the best care possible. Some of your services may not be covered by your insurance. You are expected to pay for these services in full if not covered. Thank you for your understanding.

A list of some of the services that may or may not be covered and a estimated cost are as follows:

1. ROUTINE EYE EXAM $140.00 - $150.00

2. REFRACTION (testing done to get a glasses prescription) $40.00

3. CONTACT LENS RX YEARLY UPDATE (previous patient) $30.00

4. CONTACTS LENS FIT (patients not seen in over 3+ years and new patients) $50.00 - $135.00

*Some insurances apply a deductible to testing and in-office procedures.

I have read your policy and agree to pay for the services outlined above that are not covered by my contract as indicated by my signature below:

_____ DATE _____

PATIENT SIGNATURE

Davis Eye Clinic

I authorize the release of medical information and records concerning my treatment to Medicare and Medigap, and/or other insurance companies and assign my claims for benefits to Davis Eye Clinic, to the extent permitted under applicable law or insurance agreements. I agree to allow Davis Eye Clinic to request and release my medical records from other physicians or medical institutions as it deems necessary for my medical care, and I further authorize the release of my medical records by such parties for such purpose. I release Davis Eye Clinic from all legal responsibility or liability that may arise from the above authorizations and agreements.

Patient records are accessible through our web portal at www.MyEyeCareRecords.com. To register, you will need to enter the exact first and last name as it is saved in our database, social security number, date of birth and insurance policy number, along with a valid email address, and the initial default password (1234). You will then changes your password to access personal eye records.

Signature   **Date**