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Insurance Policies, Billing & Communication Procedures Privacy Practices Acknowledgement

I authorize Gaze Optical, LLC, to use this authorization in place of my physical signature on submissions to my insurance carrier.

I authorize assignment of payments directly to Gaze Optical, LLC, when applicable.

I understand that it is my responsibility to know the details of my individual insurance plan deductibles and co-pay/co-insurance amounts. I understand that although a procedure may be covered by my insurance, I may have amounts out-of-pocket payable to Gaze Optical, LLC, for co-pays, co-insurances, or if I have not yet met my deductible.

I understand I am ultimately responsible for my/my child's charges if unpaid or denied by insurance as my insurance is a contract between myself and my insurance company and payment for materials and services rendered is due regardless of insurance determination of coverage.

In the event that an outstanding balance is transferred to collections after 120 days past due, a collections fee equal to 25% of unpaid balance will be added to the amount due.

I understand that the billing of insurance is determined by the reason for my visit as well as ultimate diagnosis. I understand that vision insurance (ie. Eyemed, VSP, Davis Vision, Spectera, etc.) covers only routine/preventative eye examinations for purposes of vision correction and/or eye health screening. I understand that examinations for concerns such as diabetes, cataracts, glaucoma, eye pain, redness, "spots in vision", dry eye, blurry vision not due to the need for glasses/contacts, among other problem focused complaints are not addressed during a routine/preventative examination and any visit for those complaints will be considered a medical visit and will be billed through my medical insurance provider.

I understand that, outside of urgent eye issues, I can request that my vision plan be used if eligible and may then return at a later date and time to address specific medical eye concerns.

I consent to receiving my eyeglass prescription electronically by email at the conclusion of the exam, if one is determined necessary.

We will not share your opt-in to an SMS campaign with any third party for purposes unrelated to providing you with the services of that campaign. We may share your Personal Data, including your SMS opt-in or consent status, with third parties that help us provide our messaging services, including but not limited to platform providers, phone companies, and any other vendors who assist us in the delivery of text messages. All of the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

I have been given or offered a copy of this practice's notices of HIPAA privacy practices.

Patient Name (please print)

Signature of patient/guardian:

Date: