



NOTICE OF REQUIRED SERVICES & PAYMENT POLICIES

REQUIRED SERVICES

1. Our practice uses **Optomap** Retinal Imaging as part of a thorough eye exam. This simple, non-invasive procedure allows us to quickly identify conditions that may threaten your life or sight. **This procedure is necessary for a comprehensive eye exam and is covered with a \$39 copay determined by your insurance plan.**

2. Additional testing, products, and services may be required for patients with diabetes, hypertension, glaucoma, macular degeneration, or other medical conditions which may threaten your life or sight (including injuries and/or infections of the eye). Our staff is happy to provide a good faith estimate upon your request for any additional services ordered by Dr. Ritch and/or Dr. Aguilera.

PAYMENT POLICIES

1. **All required payments and co-payments are due in full at the time of service.** *This includes the cost of the exam and any associated procedures performed by Dr. Ritch and/or Dr. Aguilera, as well as the cost of glasses, contacts, and associated materials.*

2. Please note that good faith estimates are not guaranteed and your final cost may be higher or lower depending on your insurance coverage and other factors. **We make every effort to ensure good faith quotes and co-pays are correct, but, as your insurance company states, an authorization is not a guarantee of payment.** In the event a patient's insurance company denies payment for services, payment for services becomes the sole responsibility of the patient.

My signature below asserts I have been informed of and agree to the terms of the above Notice of Required Services and Payment Policies.

Signed _____ Date _____

Printed _____ Date _____

Carl Ritch O.D.
Spectrum Vision

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