

**Appalachian Eye Care/New River Eye Care**  
**Dr. Bradley M. Lane**  
**Dr. Christopher N. P. Hansen**

**Digital Retinal Imaging**

Digital retinal imaging allows instant viewing of retinal photographs by the doctor and the patient. This computerized technology aids us by establishing baseline photos of the inside of your eyes. We can then compare this image with future images and carefully observe any normal or abnormal changes. We believe this will promote earlier diagnosis of many abnormal eye conditions, some of which can result in permanent vision loss if not caught and treated in a timely manner.

We recommend this procedure for every adult patient. To best care for our youngest patients, we provide this service at no charge for children 12 and under.

Medical insurance companies reimburse digital retinal imaging only when there is an existing eye disease. All other imaging is non-reimbursable. Our fee for this service is \$23.80. Payment is due at time of service.

**☛ Please perform baseline DIGITAL RETINAL IMAGING.**

**☛ I do not wish to have baseline DIGITAL RETINAL IMAGING performed.**

**Dilation**

Dilation allows a more thorough examination of the inside of the eye. Dr. Hansen and Dr. Lane recommend this test at the initial exam of each new patient and periodically at future exams. It is recommended that the patient have a driver as vision may be blurred following this procedure.

**☛ I do not want to have my pupils dilated.**

**☛ I will reschedule dilation for a later date.**

**Office Policies**

1. Payment is due when services are rendered unless other arrangements are made beforehand.
2. Patients are responsible for obtaining all information regarding their insurance.
3. Patients are responsible for any bills not paid by their insurance company after 60 days.
4. If we file insurance, patients authorize insurance benefits to be paid directly to the doctor, and understand they are responsible for non-covered services.
5. Patients are asked to pick up spectacle/contact lens orders in a timely manner. Orders will be returned after 30 days, unless otherwise advised by the patient.
6. Contact lens patients are asked to return for follow up visits as directed by the doctor. There is no fee for contact lens fitting related follow-up visits for three months following the initial visit.
7. Work with a patient's old frame is performed at the patient's own risk as older frames may break.

I understand that I am responsible to Appalachian Eye Care/New River Eye Care for payment of services rendered and that assignment of insurance benefits or filing of claims by this office does not in any way relieve me of final responsibility for settlement of my accounts.

When a spouse or financial guarantor executes this agreement, they shall be jointly liable with the patient, and by the execution of this form, those persons, together with the patient, do hereby promise to pay Appalachian Eye Care/New River Eye Care all amounts due and owing for the patient's account.

I agree that in the event payment in full is not made on or before 90 days after receiving services, I shall be obligated to pay collection expenses which may include but not be limited to court costs, collection agency fees, and attorney's fees of any unpaid balance. I further agree that all collection fees as mentioned herein shall not be deemed to be in the nature of a penalty for default, but instead be deemed to be liquidated damages. It is understood that unpaid balances will accrue at a rate of 18% interest until paid in full.

I am the guarantor of this account, and I have read, understood, and agree to these office policies. Further, I acknowledge I was offered a copy of Appalachian Eye Care's/New River Eye Care's Privacy Practices.

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**Patient / Guarantor signature**

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**Date**