



Link Eye Center/Matthew J. Link, O.D. LLC  
245 Bloomfield Drive, Suite 108, Lititz PA 17543

## ***Notice of Privacy Practices***

I consent to the use and disclosure of any information concerning my optometric examination as needed to:

- Conduct, plan or direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from insurance or other payers.
- Conduct normal healthcare operations such as recalls and appointment confirmations.

I have read and understand or have been given the opportunity to read your **Notice of Privacy Practices** containing a more complete description of other uses and disclosures of my health information. I understand that your office has the right to change its Notice of Privacy Practices from time to time and that I may request a current copy at any time. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

---

## ***Responsibility for Payment***

I authorize you to submit a vision and/or health benefit claim on my behalf. I understand that I am responsible for all charges incurred, including any portion not paid by any other payer, subject to the conditions of any contractual agreement between your office and such payer.

I acknowledge that I have read and understand or have been given the opportunity to read your **Financial Policy** and that I may request a copy at any time.

We are happy to submit vision and medical claims on your behalf. Below is a description of the difference between a comprehensive wellness examination verses a medical examination in which your medical insurance will be billed.

Vision exams (EyeMed, VBA, VSP)

- Annual comprehensive wellness examination

Medical exams (co-payments are collected at appointment check-in)

- Primary medical insurance will be billed for findings including but not limited to:
  - Diabetes, cataracts, floaters, eye pain/irritation, dry eye, itching, double vision, glaucoma, macular degeneration, retinal disease, amblyopia, etc.
- You are responsible for co-payments, deductibles, out of network fees, etc. Contact your medical insurance company for EOB's.

I FURTHER ACKNOWLEDGE THE FOLLOWING...

- Payment is expected at time of Service, including copays, uncovered fees, etc.  
Please ask if you are unsure whether we participate with your insurance. We are happy to provide cost estimates.
- If we do not participate with your insurance plan(s) or you do not have insurance, payment in full is expected at the time of service.
- Our office manager can discuss payment plan options with you.
- There is a **\$35.00** fee for returned checks.



Link Eye Center/Matthew J. Link, O.D. LLC  
245 Bloomfield Drive, Suite 108, Lititz PA 17543

### **Cancellation Policy**

\_\_\_\_\_ We respect your time and make every attempt, when an appointment is scheduled, that time is being held just for you. We understand emergencies occur, but we ask that you contact us as soon as possible if you are unable to keep a scheduled appointment.

- Please kindly provide us 24-hours notice when cancelling or changing an appointment. This allows us to use that time to serve someone else.
- **First broken appointment:** may be rescheduled  
**Second broken appointment:** will result in a charge of **\$50.00**, which will be billed directly to you. You may not make another appointment until this charge is paid.  
**Third broken appointment:** we will provide treatment for 30-days on an emergency basis only. At that time, you are welcome to find another vision office/provider.
- If you are an established patient and you arrive 10 minutes late or more to your appointment, you may be asked to reschedule unless the provider's schedule can still accommodate you.

**You are responsible for remembering and keeping appointments. We do offer courtesy appointment reminders, by email, text, and phone to help you avoid missed appointment.**

### **Communication Preferences**

Our office may use standard email to communicate with you. Standard email is not secure and does not guarantee privacy. We will only use standard email for general correspondence, financial statements, contact lens, and eyeglass prescriptions. We do not send medical records by standard email. However, our correspondence by text is secure, and we can send you text to pay options.

\_\_\_\_ I authorize the use of standard email.      \_\_\_\_ I do not authorize the use of standard email.

Email address: \_\_\_\_\_

\_\_\_\_ I authorize the use of texting.      \_\_\_\_ I do not authorize the use of texting.

Cell phone: \_\_\_\_\_

### **HIPAA Preferences**

In addition to my primary care physician, my insurance company, and the responsible party listed on my patient history, I authorize you to release necessary information to (please list other physicians, family members, opticians, etc.) We can only release materials or records to the individuals listed below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Info: \_\_\_\_\_

### **Patient Signature**

**NO CHANGES** (check the box) ... ☐

Printed Name: \_\_\_\_\_ Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_