Dr. Clifford Roffis & Associates, ODPC

4811 S. Laburnum Ave. Henrico, VA 23231
Phone 804.226.1144 Fax 804.236.9026

Welcome to our Office

PLEASE PRINT

Patient Name _____ Date _____

Responsible Party if different _____ Relationship to Patient _____

Address _____

City _____ State _____ Zip Code _____

Home # _____ Daytime # _____ ***Cell #***_____

Email _____

☐ Male ☐ Female Date of birth ____ / ____ / _____ SSN # _____

☐ Single ☐ Married ☐ Widow ☐ Divorced ☐ Separated Other _____

Employed? ☐ Full-time ☐ Part-time ☐ Retired ☐ Student ☐ No

If employed, employer _____ Occupation _____

Optos Wellness Image

We are pleased to announce Optos, a new technology for capturing an image of the retina that never touches your eye and just takes seconds. This image will be kept in your records for future reference. Optos is a convenient way to view the inside of the eye without the lingering side effects associated with dilation.

Dilation may still be required and any other medical testing if the doctor determines it to be medically necessary, as dilation is considered the standard of care for a thorough retinal evaluation

_____ Yes, I would like an Optos wellness image for an *additional fee of $39* done today.
Insurance DOES NOT cover the wellness image.

_____ No, I would NOT like the Optos Wellness Image today

Patient / Guardian Signature _____ Date _____

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Vision vs. Medical Policy

There are two types of insurance plans that will help pay for your eye care services and products.

Vision care plans such as VSP and EyeMed cover a basic screening to ensure the health of your eyes and check for the need of corrective eyeglasses or contact lenses. Benefits vary according to specific plans, but vision plans DO NOT cover any medical diagnosis or medical testing such as photos.

During your eye examination, it is discovered by the doctor that you have a medical condition such as diabetes, eye allergies, infection, glaucoma, cataracts, etc., we will not be able to treat you under the routine vision plan. We treat these medical issues under your medical insurance, which sometimes have a higher copay and/or deductibles.

We will bill your medical insurance plan for services if we are a participating provider for that plan. We will try to obtain pre-authorization of benefits so we can tell you what may be covered. However, **Pre-Authorization DOES NOT guarantee payment**.

If some or all fees are not paid by your medical insurance plan, we will bill you for any unpaid deductibles, co-pays, co-insurance, or non-covered services as allowed by your insurance contract.

By signing this statement, you agree that you have read and understand the difference between routine vs. medical coverage and agree to pay any fees according to your insurance company.

Patient Name _____ DOB _____

Patient / Guardian Signature _____ Date _____

If you are signing as a *personal representative* of the patient, please give your name and relationship to the patient.

Print Name _____ Relationship to Patient _____

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Payment Policy

I understand that payment is due at the time services are rendered. Any balances on my account, for any reason, will need to be paid BEFORE receiving new services, prescriptions, materials, or records can be released.

I understand that it is my responsibility to provide up-to-date primary and secondary insurance information. A Pre-authorization DOES NOT GUARANTEE PAYMENT and I am responsible for charges incurred due to co-pays, deductibles, co-insurance, non-covered services and/or any other reason stated by the insurance company. Referrals from Primary Care Physicians are to be obtained by the PATIENT not the provider and presented at time of each service.

Returned checks are processed by UnityFIsolutions, two attempts are made with a $50 processing fee attached.

All cards will be subject up to a 3% processing fee. We also accept Cash, Care Credit and Sunbit.

Returns and Remakes.

Eyeglass purchases are nonrefundable, and no exchanges can be made. Should there be a change to the original order and a reorder is needed, any upgrades to the frame and/or lenses are due before reprocessing and no refunds can be given.
Please Note: Insurances have their own guidelines for remakes and refund which we are obligated to follow.

Unopened/unmarked boxes of contact lenses may be exchanged up to 60 days of purchase date. Opened boxes of contacts are nonrefundable.

Contact Lens Services

Many insurance plans regard contacts lenses as "cosmetic" therefore contacts lens evaluations may not be covered by your insurance plan. I understand the annual contact lens evaluation fee is due BEFORE services are rendered or prescriptions or contact lenses are released. Contact lens follow-up visits required by your doctor must be completed within 60 days of the initial exam otherwise you will incur a charge for each visit.

Refractions

Many medical plans DO NOT pay for a "refraction" service. This is the part of the exam that determines your eyeglass prescription. I understand that payment for this service is due before services are rendered and no prescriptions for eyeglasses will be provided without a refraction service.

Insurance Authorization & Acknowledgment of Notice of Privacy Practices

I authorize the release of medical or other information necessary to process insurance claims, I also request payment of government or commercial benefits to be paid to Clifford A. Roffis & Associates.
I have read and have been offered a copy of Clifford A. Roffis & Associates' HIPAA Policy.

I have read and understand ALL policies listed above.

Patient Name _____ Date of Birth _____

Patient / Guardian Signature _____ Date _____

If you are signing as a *personal representative* of the patient, please give your name and relationship to the patient.

Print Name _____ Relationship to Patient _____