



NORTHERN LAKES
OPHTHALMOLOGY

Welcome to Northern Lakes Ophthalmology!

We are thrilled to have you here and look forward to providing the best possible eye care for you. We understand that paperwork is never popular but we require all patients to review, fill out, and sign all of the enclosed forms in order to establish a doctor/patient relationship with our clinic. Some of these forms are in place to meet government regulations. Some forms are in place to give you a complete understanding of what you can expect from us and what we expect from you with regard to privacy and billing. And some forms are here simply to help us provide you with the best possible care.

Although Dr. Kasprick is a Corewell Health (Beaumont) affiliated physician, like most private practices our electronic medical record system is not linked in any way to the Corewell Health (Beaumont) medical record system and we cannot simply pull all of your information forward from there.

We thank you for your attention and diligence in reviewing this material carefully.

Thank you for choosing us and we look forward to getting started with you!

- Dr. Kasprick and the Northern Lakes Ophthalmology Team

Northern Lakes Ophthalmology FINANCIAL POLICY as of 3/23/2024

- 1. Payments (including co-pay, co-insurance, unmet deductible, and uncovered services) are due in full at time of service. You must bring a form of payment with you on the day of your appointment.** The amount that you owe will be calculated at checkout. If after your insurance claim has been correctly processed it is indicated that you have made an overpayment, then a refund will be generated in the form of the original payment. Refunds are processed monthly. If you have made an underpayment based on your insurance company's processing of the claim, then we will send you a statement for the remaining balance which is due to our office. If you have not met your insurance deductible for the year, then the average cost for a new patient appointment is \$150 to \$250 based on our current insurance contracts. This price varies based on the complexity of your visit and our contract with your specific insurance company. Some visits may still cost more or less than this range. Additional testing or procedures can result in increased costs. The contract that is in place with your insurance company determines the amount you owe at your visit. We have a legal agreement with your insurance company that obligates us to collect your patient responsibility in full. If you have concerns about the cost of additional testing or procedures, then it is your responsibility to ask up front about those costs.
2. Northern Lakes Ophthalmology reserves the right to turn over unpaid accounts to a debt collections service after 60 days. If you are unable to pay for your visit, please discuss this with us prior to your appointment.
3. We make our best effort to ask all patients with HMO plans if they have obtained a referral prior to their office visit. If your insurance plan requires that a referral is obtained prior to your visit, it is ultimately your responsibility to make sure it is in place. If your insurance plan denies coverage for your visit based on lack of a referral, the full cost of the visit will become your financial responsibility and payment will become immediately due. If we become aware prior to starting your exam that a referral is not in place for your appointment, we will have no choice but to reschedule you once the insurance referral is in place.
4. If you have concerns about the cost of your office visit, testing, or any procedures you may undergo, it is your responsibility to ask about estimated cost prior to the service being provided. We will file your medical insurance claim as a courtesy. If your medical insurance refuses to pay for covered services on your behalf then the responsibility for payment will immediately become yours.

5. We no longer accept vision insurance plans (VSP, Davis Vision, EyeMed). Even if your medical insurance says you are eligible for a “free annual routine eye exam”, that exam is typically contracted out through a third party vision insurance plan and Northern Lakes Ophthalmology does not participate with those plans.

6. A glasses prescription check (also known as a refraction) is a non-covered service by most major medical insurance plans. The cost of a refraction in our office is \$55. If you choose to have a refraction done you will be charged \$55. As a courtesy we will attempt to bill it out to your medical insurance company. In the rare instance that they pay for your refraction we will refund your payment.

I have read and understand the financial policy of Northern Lakes Ophthalmology and understand that these policies may be modified at a future date.

Signature _____

Date _____

I acknowledge that I have a form of payment with me today and intend to pay my patient responsibility in full at the completion of my visit today. I understand that I will be required to pay my estimated patient responsibility in full on the day of service for all office visits at Northern Lakes Ophthalmology.

Signature _____

Date _____

REFRACTION SERVICES AND FEES POLICY

A refraction is the process of determining your best corrected vision and if there is a need for corrective glasses. We feel it is an important part of the eye exam, but you can decline it if you wish. Our technicians will always ask first to see if you would like this service to be performed. **Without having a refraction performed you cannot obtain a new glasses prescription.**

A very small number of medical insurance plans cover the cost of a refraction. A refraction is NOT a covered service by standard Medicare or most other medical insurance plans. These plans consider refraction a routine "vision" service and not a "medical" service. We will attempt to bill the cost of a refraction to medical insurance plans (unless you have standard Medicare). The cost of a refraction is due on the day of service. If your medical insurance ultimately pays your refraction fee (which we will bill out to them) then we will refund your payment.

Our office refraction fee of \$55 is separate from and not included within any other payment you may owe on the day of your visit for copay, coinsurance, or unmet deductible, as are they are designated by your medical insurance company.

You will always have the option to decline to have your refraction (glasses prescription) checked on any given day, although in some cases we may strongly recommend that it be performed as part of evaluating your symptoms. Signing below is simply acknowledging that you understand that if you choose to have a refraction done the cost is \$55. This form must be signed in order to establish care in our office.

Patient's Name Signed

(Printed)

Date

Patient Information Form

Today's Date _____

Patient Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Zip: _____

Gender: _____ Occupation: _____

Employer: _____

Cell phone: _____ Can we send you text message reminders? Yes or No (circle one)

Alt phone: _____

Email address: _____ Can we email you? Yes or No (circle one)

Emergency Contact: _____

Primary Care Doctor: _____ City PCP is in? _____

Who referred you to our office? _____

Pharmacy Name and city: _____ Crossroads of pharmacy:

Please list any individuals who may access your medical records or speak on your behalf below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name of primary insurance: _____

Name of secondary insurance: _____

Person named on primary insurance card (if not patient): _____ DOB: _____

I authorize that release of any medical information necessary to process claims and authorize payment of benefits to Northern Lakes Ophthalmology. I understand that I am responsible for any unpaid balance remaining on my account after insurance payment or in the case of insurance rejection.

Patient/Guardians signature: _____ Date: _____

Health History Form

Current Medical Conditions (circle all that apply)

Hypertension	A-fib	Anxiety/Depression	Heart Attack
Diabetes	Heart Disease	Prostate	History of stroke
High Cholesterol	Cancer	Asthma	Autoimmune disorder

Anything else, please list below:

Please list current medications below (or give staff member a list to copy):

Eye Medications: _____

Allergies: _____

Surgical history:

Do you smoke? Yes or No Do you drink alcohol? Yes or No If so, frequency

Former smoker? Yes or No Use Drugs? Yes or No

Have you been diagnosed with any eye problems in the past or have you had any eye surgery?

Do you have any family history of eye diseases? If yes, list disease and relationship to you:

Vaccination history: COVID Yes or No Pneumonia Yes or No Flu vaccine Yes or No

Northern Lakes Ophthalmology — NOTICE OF PRIVACY PRACTICES

It is the policy of Northern Lakes Ophthalmology to disclose your protected health information (PHI) that includes pertinent procedures and diagnosis to the following:

1. To provide either medical treatment or services. This would include administrative and clinical office procedures designed to optimize scheduling and coordination in our medical office. We may share your health information with but not limited to the referring physicians, pharmacies, clinical laboratories and pathology.
2. Your health insurance plan for payment of claims for services rendered at Northern Lakes Ophthalmology,
3. For educational purposes. Examples include but are not limited to interns, associates and clinical employees. The information may be reviewed during the routine processes of certification, audits, licensing or credentialing.
4. As required by federal, state and local workers compensation laws.
5. In the case of an emergency scenario for example for treatment or when it is necessary to prevent a serious imminent threat to your health of safety or the health and safety of another individual.
6. Friends and family who you identify with as helping you with your treatment, medications or payment. Your permission will be asked first if you have not specified the individual on your Patient information Form.

We at Northern Lakes Ophthalmology believe regular eye exams are very important, so we may remind you of a scheduled appointment. These communications may be through mailings, phone calls- text messages- emails or voice messages. Normal test results may be left on messages. If you do not wish to be contacted in any of these manners, please inform us of such on your registration forms. Northern Lakes Ophthalmology, other than that which is stated above or where Federal, State or Local Law requires us, will not disclose your health information other than with your written authorization. You may revoke this authorization in writing at any time. In addition, you have the following rights:

1. The right to request restrictions on certain uses and disclosures.
2. The right to receive confidential communications.
3. The right to inspect and copy your health information.
4. The right to amend your health information.
5. The right to ask for a description of how and where your health information was used in our office.
6. The right to request a paper copy of an electronic notice.

Northern Lakes Ophthalmology is required by law to maintain the privacy of your health information and to provide you and your representative(s) the Notice of Privacy Practices. We are required to practice the policies and procedures described in this notice, but we do reserve the right to change the terms of our Notice. If we change our privacy practices, we will be sure our patients receive a copy of the revision.

As a patient you are entitled to file a complaint with our privacy officer if you believe your privacy rights have been compromised. All complaints will be investigated.

Office Manager — Northern Lakes Ophthalmology
1455 S. Lapeer Rd Suite 110
Lake Orion, MI 48360

I understand and accept the above statements.

Acknowledgement of Notice of Privacy Policy. I hereby acknowledge that I have been made aware of and received/reviewed the notice of privacy practices of Northern Lakes Ophthalmology.

Patient/Guardians Signature

Date

Name Printed _____