ORANGE COUNTY OPHTHALMOLOGY
MEDICAL GROUP

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Advanced Notice of Benefit Coverage and Important Disclosures

Refraction (testing for glasses) is not a covered benefit by Medicare and most traditional medical insurance. The charge for this service is $50.00. This charge is in addition to your medical office visit with examination. Our charge for initial contact lens fitting is $250. The charge to update your contact lens prescription is $75.00.

Please note that dilation of your pupils may blur your vision for at least several hours after your examination. This process will temporarily blur your near reading vision. It is important to refrain from performing fine work with tools when your vision is too blurry.

You may be given a perscription for a medication or medication refill. It is important that you check with your pharmacist regarding any potential intereactions with other medications you arre currently taking. Additionally, Dr. Liu, Dr. Taban, Dr. Roh, Dr. Lo, Dr. Roizenblatt and Dr. Ung recommend that you check with www. prescribingreference.com to become aware of all potential risks and benefits of all medications you use. A current medication list with frequency and dosage will be required from you on an annual basis.

Although we will submit a claim of medical services rendered to the insurance carrier that you have identified as your health insurance, it remains your responsibility to ensure we receive payment. It is also your responsibility to notify us of any changes, such as cancellation of policy, new insurance coverage or benefits and provide us with an authorization should your policy require one. Failure to notify us of any pertinent change of information will result in your responsibility in payment for services rendered. Co payments will be collected on the day of an office visit examination. We ask that you give adequate notice (24hrs) for a cancellation of a scheduled appointment. A charge of $25 will be assessed if such notice is not received.

We thank you for your confidence in selecting OCOMG to render your ophthalmic and optical services.

I have read the above and agree to the terms and conditions mentioned.

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Patient Signature Date

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Print Name