



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below, I hereby acknowledge that I have read below, the copy of the Envision Optometry, PC's Notice of Privacy Practices.

ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

By my signature below, I understand that it is my responsibility to supply Envision with current insurance information and/or any referral authorization forms that may be necessary for my insurance. I am aware that if I have a routine diagnosis my insurance may not cover the examination. I understand that insurance companies require beneficiaries to pay deductibles, company insurance, co-payments, and any non-covered services at the time services are rendered.

I am aware that I am responsible for any unpaid balances. I authorize Envision to charge my credit card on file or send an invoice for any outstanding balance. If my account results in collection agency involvement, the undersigned, guarantor receive all payments for services rendered to me or my dependents.

CONSENT TO TREAT ME

By my signature below, I do hereby voluntarily consent to treatment by optometrists of Envision for an eye exam and to any related diagnostic procedures and treatments as necessary in the judgment of the optometrist. I acknowledge that the practice of optometry is not an exact science. I acknowledge that no guarantees have been or can be made to me as a result of such procedures and treatments.

CONSENT TO DISCLOSE MY GENERAL HEALTH INFORMATION

By my signature below, I hereby authorize Envision to disclose my medical information so that the practice may treat me, seek payment from third parties for such treatment, and generally carry on the health care operations of the Practice (e.g., quality assurance). I also authorize Envision to disclose my medical information to insurers and providers outside of the practice when necessary for purposes of my treatment, payment for that treatment, and for their health care operations.

By my signature below, I also authorize Envision Optometry to communicate with me by phone (using the numbers saved in my file).

By my signature below, I agree to all the above while I am a patient of Envision Optometry, PC.