

Welcome to Our Office!

Our Mission Statement to our Patients:

We promise to be the most caring and devoted staff not only by acknowledging and exceeding your expectations as a valued patient for life, but also to provide you and your family with the most thorough evaluation of not only your optometric care, but of your overall health and improving it with superior knowledge and products. We want to be your choice with confidence. *Today's vision The one to see.*

Dr. Neshia Rudd O.D.

Dr. Rudd is a therapeutic optometrist that is also glaucoma certified and committed to excellent patient care. She performs three separate tests for glaucoma as well as an evaluation for premature cataracts. The eye exam has two separate parts, a visual assessment and an ocular health assessment. The ocular health assessment is the portion of the exam where she examines the structures of the eye to ensure clear vision for years to come. The second portion is the visual assessment, which is what most patients commonly consider the routine examination. Dr. Rudd helps you see the best by "obtaining your proper prescription" and performing ocular muscle testing to alleviate any eyestrain you may have. Many patients have minor ocular muscle imbalances they are not aware of. A proper prescription is one that helps you see both clearly and comfortably. At our office that is precisely what you will receive.

Our Hours are:

Monday: 10-7

Tuesday: 10-6

Wednesday: 10-6

Thursday: 10-6

Friday: 8-3

Saturday by Appointment

We look forward to seeing you!

Check List to Complete Prior to Your Appointment

- Read insurance information provided
- Contact insurance company to obtain answers to the questions on the last page
- Bring a list of all medications (including eye drops and vitamins)
- Bring contact lens boxes
- Bring all current eyewear- prescription and not prescription
- If there is something specifically that you need help seeing, i.e. a hobby, book ect, bring that too!
- If you work on the computer- have another person measure the distance from your eye to your computer screen. If you have more than one computer you work on, measure both distances.
The distance from my computer screen to my eyes is_____.
- Bring current Health and Vision Insurance Cards. Please contact your insurance company if you do not a current card for both medical and vision insurances. Some vision insurances do not provide cards to their customers. Your employer should be able to provide you with the phone number and/or web site you need. You are welcome to have the insurance company fax your information to our office. We will not be able to see you for your visit if you do not have current and accurate information from your insurance companies.
- If you are not the insured, bring the name, birth date, social security number, address and phone number of the person of your insurance “guarantor”

Guidelines for the patient to use when contacting their insurance companies

It is imperative that you contact your insurance company prior to your appointment. Insurance can be very confusing and seem misleading if you don't know all of the right questions to ask. We have prepared some questions for you to ask your insurance company regarding your coverage. There are questions are listed at the end of this document.

We will happily obtain your eligibility, benefits and file the claim on your behalf. However, we will be unable to take the time to explain your insurance benefits to you. Your insurance benefits, coverage, exclusions and copays are based on the agreement you have with your insurance company. We are under contract with the insurance company and are required to follow the guidelines given to us. We are not able to change any of the benefits and allowances your insurance company covers.

What is the difference between medical (health) and vision insurance?

Major medical plans may have vision care attachments for routine eye exams. Often the vision plan is under a different name.

An office visit can be billed through your medical insurance if the examination has a medical diagnosis. With some insurance, a referral is required from your primary care physician. Routine eye care, including refraction (determining your prescription), glasses and/or contact lenses may be covered in total or in part by your vision insurance. Vision insurance is usually for routine examinations only. Vision insurances do not usually cover medical diagnoses and treatments.

Why is there a separate fee if I wear contacts?

There are three parts to your examination if you are a contact lens wearer.

1. We will be performing a vision evaluation. We will check to see if you need a prescription change. (Insurance Code 92015)
2. We'll also be performing an ocular health evaluation in order to look at the health of your eyes. We'll check for cataracts, glaucoma, diabetes, and other vision threatening diseases. (Insurance Code 92004)
3. Because you are a contact lens wearer, the third part of your examination will be a corneal evaluation and topography. The doctor will check the integrity of your cornea to confirm that you are still a good candidate for contact lens wear. (Insurance Code 92310)

We have changed our way of doing things with our contact lens patients; many offices still handle contacts and the exam the "old fashioned way".

The benefit to you is that you will pay less for your contacts, but it might seem a little confusing. Let me explain.....

We perform tests for contact lens wearers that we do not do for patients who just wear glasses. In the past, we have added the cost of those tests to the price of the contact lenses. We know now that we can't do that anymore and be in compliance with the insurance guidelines. In addition, in this day and age of price comparison, the previous method makes our contacts look more expensive than they really are.

In order to be compliant with insurance guidelines, we have taken those diagnostic tests out of the cost of the contacts and itemized them separately. Insurance requires that the three parts of the exam are distinguished by different procedure codes. Actually, when you add up the numbers, you will pay less this year than you did in the past for your contacts.

Depending on the insurance plan, the contact lens fitting/evaluation (92310) and follow-ups may be handled one of three ways. See the examples below. The examples are for the contact lens portion only. The ocular health and the vision assessment are covered under separate codes and may have other co-pays.

None of the vision insurance companies cover 100% of the contact lenses. They usually have a contact lens allowance and the patient pays any fees that exceed the contact lens allowance.

The numbers and fees are arbitrary- we do not know which level of contact lens evaluation you will need and do not know what type of contact lenses you will be wearing until you have your examination.

Contact lens allowance set by the vision insurance company:	\$135.00
Contact lens fitting and evaluation:	\$49.00
Contact lenses:	\$200.00

1. Deduct the contact lens fitting/evaluation from the contact lens Allowances.

\$135 contact lens allowance (billed to ins)

\$49.00 subtracted from allowance

\$86.00 left over to go toward contacts

\$200.00 - \$86.00= \$114.00 The patient pays \$114.00 for the contacts that exceeded the contact lens allowance.

Total out of pocket expense for the patient: \$114.00

2. Have a separate set fee for the contact lens fitting/evaluation that the patient pays. Then the contact lens allowance is 100% applied to the contact lens materials.

\$135.00 contact lens allowance (billed to ins)

\$49.00 is paid by the patient at the time of the examination

$\$200.00 - \$135.00 = \$65.00$. The patient pays \$65.00 for the contacts that exceeded the contact lens allowance.

Total out of pocket expense for the patient: $\$49.00 + \$65 = \$114.00$

3. Have a separate set fee for the contact lens fitting/evaluation that the insurance pays. Then the contact lens allowance is 100% applied to the contact lens materials.

\$135.00 contact lens allowance (billed to ins)

\$49.00 (insurance pays)

$\$200.00 - \$135.00 = \$65.00$. The patient pays \$65.00 for the contacts that exceeded the contact lens allowance.

Total out of pocket expense for the patient: $\$65$

It is the patient's responsibility to contact their insurance PRIOR to their appointment in order to have any of their questions answered and any confusion clarified.

Questions to ask your Vision Insurance Company

Vision insurance can be very and confusing and seem misleading if you don't know all of the right questions to ask. We have helped you by providing the following questions to ask your Vision Insurance Company.

Please contact your vision insurance company prior to your appointment at our office. We will be unable to take the time to explain your insurance benefits to you.

1. What amount do I pay if I choose a frame over my "frame allowance"? (Frame cost is \$189.00)

2. If I get premium progressive bifocals, are they covered in full? What do I pay? _____

3. Are polycarbonate lenses covered in full? What do I pay? _____

4. Are Crizal Alize and Teflon lenses covered in full? (These are antiglare lenses with a 2 year warranty against scratching) What do I pay? _____

5. Is UV protection included? What do I pay? _____

6. Is Scratch coating covered in full? What do I pay? _____

7. Does my insurance cover contact lenses and glasses? _____

8. If I get contacts, does the insurance cover the total cost of my contacts? _____

9. Do I have to pay the contact lens fitting or is it covered in full? _____

10. Can my contact lens fitting be subtracted from my contact lens allowance? _____

11. If I get diagnosed with a medical condition (allergies, glaucoma, or another eye disease); will you as my vision insurance pay for the office visits, any treatments required or any special testing like a visual fields? Or does my medical/health insurance cover the visits and tests?

PAYMENT AND FINANCIAL POLICIES

Examination fee is due at the time of service. All contact lenses and glasses must be paid in full before ordering. Any co-payments and deductibles are due at the time of service.

If you have insurance coverage for these services or materials, we will submit claims for you. However, we are not liable for collecting your claim. After 60 days, we will expect payment in full if your insurance company has not paid.

Returned NSF checks will be charged a service fee of \$50.00.

Please call to cancel or change your appointment. We do not double and triple book appointments. When you make an appointment, that time is for you to see Dr. Rudd. **Failure to keep your appointment will result in a \$30.00 fee posted to your account.**

I HEREBY AUTHORIZE MY INSURANCE CARRIER TO MAKE PAYMENT DIRECTLY TO **Today's Vision or Dr. Rudd.** FOR ANY AND ALL SERVICES RENDERED TO ME BY ADVANCED EYE CARE. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT COVERED BY INSURANCE.

A refund request form must be completed and submitted to the office manager or doctor for authorization. All Refunds will be issued via a Check.

Refunds require two (2) weeks for processing.

PROFESSIONAL FEES ARE NON-REFUNDABLE

I also release any information regarding my treatment or condition in order to obtain payment for his professional services.

I HAVE READ AND AGREE TO THE PAYMENT POLICY STATED ABOVE.

Signature _____ Date _____

Tyler Eye Care, P.C.

HIPPA Privacy Notice

I acknowledge that I have been given an opportunity to review the Tyler Eye Care, DBA Today's Vision Notice of Privacy Practices. (Last 3 pages of this document) This explains how my medical information will be used and disclosed. I understand that Tyler Eye Care, PC will follow the guidelines set forth in this Notice. Furthermore, I understand that I am entitled to receive a copy of the Notice. I have also been made aware of whom to contact if I have any questions or complaints.

Name of Patient (Printed)

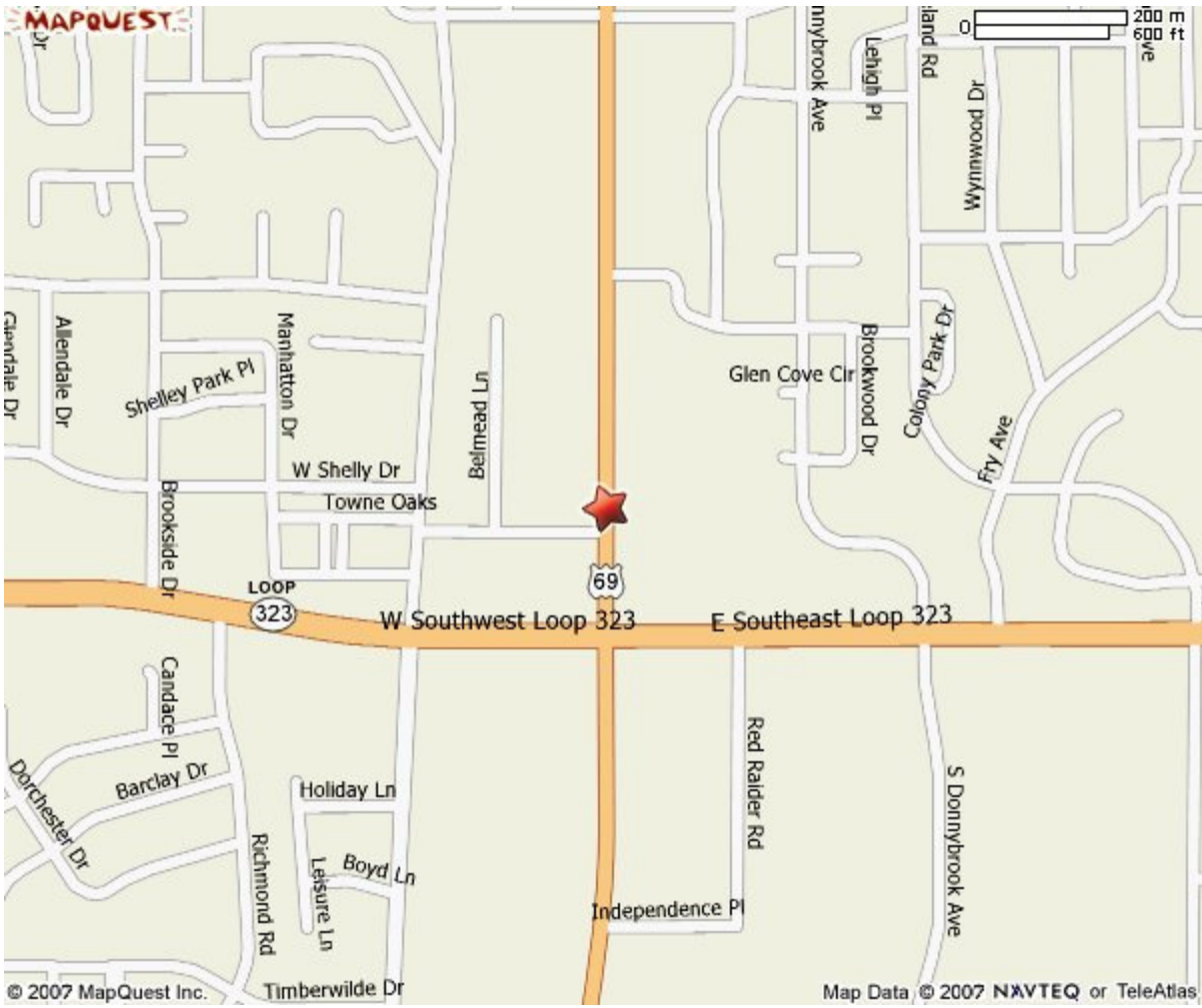
Date

Patient Signature

Personal Representative- *for patients unable to sign or under 18 years*

Description of Personal Representative's Authority

Witness- *we will sign when you bring form to the office. You fill out your portion prior to coming to the office.*



Effective date of notice: May 1, 2004

NOTICE OF PRIVACY PRACTICES

Tyler Eye Care DBA Today's Vision

Neshia Rudd, O.D.

4139 S Broadway Ave

903-534-8349

903-581-8203

mhartman@todayvision.com

Melissa Hartman

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eye care or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we will ask you for special written permission.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;

- disclosures relating to worker’s compensation programs;
- disclosures of a “limited data set” for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to “business associates” who perform health care operations for us and who commit to respect the privacy of your health information;
- Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eye care.

APPOINTMENT REMINDERS

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, e-mail you and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written “authorization form.” The content of an “authorization form” is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it’s your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address, fax or E Mail shown at the beginning of this Notice.
- ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E mail to your personal E Mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.
- ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You may have to pay the \$20.00 fee for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.
- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address, fax or E mail shown at the beginning of this Notice.
- get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address, fax or E mail shown at the beginning of this Notice.
- get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax or E mail

shown at the beginning of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or E mail shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.