

Patient Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Parent or Guardian of Minor: _____ Contact Number: _____

Drs. North & Watson's Notice of Privacy Practices (HIPAA)

- I authorize Drs. North & Watson to release any medical information to other providers who are involved in my treatment.
- I acknowledge that I have been given the opportunity to read and/or received Drs. North & Watson's Notice of Privacy Practices.
- This authorization and assignment will remain in effect until revoked by me in writing.

The following person(s) have my permission to discuss health and financial information on my behalf.

(Optional) Please List: _____

X _____

Signature of patient or guardian of minor

Today's Date

Drs. North & Watson's Financial Policies

- I understand that I am financially responsible for payments of any services provided by Drs. North & Watson, including services not covered by my insurance, as well as co-pays, coinsurance, and deductibles.
- Co-pays are expected on the day of service. A finance charge may be added to delinquent statement and returned checks.
- I request that payment of authorized insurance benefits, including Medicare, be made to Drs. North & Watson for services furnished to me by any provider employed by this clinic.

X _____

Signature of patient or guardian of minor

Today's Date

I have chosen the Private-Pay option and DECLINE insurance submission.

Payment is expected on the date of service.

X _____

Signature of patient or guardian of minor

Today's Date



Drs. North & Watson has incorporated a wellness package as part of the comprehensive eye exam. It includes the iWellnessExam™ retinal scan and Optomap™ retinal imaging for a discounted rate of \$55. The iWellnessExam™ allows the doctor to diagnose and manage retina disease such as glaucoma and macular degeneration. While Optomap™ provides an ultra-wide field retinal imaging of up to 80% of the inside of the eye, without dilation. Both scans are fast, non-invasive, and results will be reviewed today. These are typically NOT covered by your medical or vision insurance unless being used to actively follow disease and are \$35 individually.