Please make sure you have your most current medical and vision insurance information on file. If you are using medical and/or vision insurance coverage for today's visit, please be aware that this is a contract between you and your insurance company. We are happy to file a claim to your insurance company on your behalf; however this is not a guarantee of payment. You/Guardian are responsible for any balances left unpaid. I authorize release of any information concerning my (or my child's) healthcare, advice or treatment provided for the purpose of evaluating and administering claims for insurance benefits. I also hereby authorize payment of insurance benefits otherwise payable to me, directly paid to the doctor.

☐ **I have read and understand the above paragraph**

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have been told of HIPPA and have been offered a copy of the privacy policy by the Dr. David Bang staff.

☐ **I understand** ☐ **I would like a copy** ☐ **I would like more information**

_____ _____

Signature Date

Contact Lens Exam

The Contact Lens Fitting:

Contact lenses are medical devices that require thorough testing to ensure accuracy and safety. The contact lens fit includes an evaluation of the lenses on your eyes to ensure ocular health as well as optimal vision.

- The contact lens fitting fee includes **ONE** pair of diagnostic trial lenses and **30 days of follow-up care from the time of your exam**
- Standard fees apply for soft lenses
- Specialty fees apply for multi-focal, astigmatism, or for treatment of disease(s).
- **Made to Order trial lenses are an additional $6.00**
- With accordance to South Carolina law, contact lens and glasses prescriptions are valid for 1 year from date of the exam.

A contact lens exam is required each year to keep your contact lens prescription current. We will not extend expired prescriptions.

Signature: _____ Date: _____