



EYE CENTER

OF CHARLESTON

JOHN C. KULZE III, M.D. | SUDEEP K. DAS, M.D. | JOHN ELLYN, M.D. | CHARLES BEISCHEL, M.D., PH.D.

Comprehensive Ophthalmology, Cataract, Glaucoma, Diabetes and Routine Eye Care

TO OUR PATIENTS

Testing for glasses prescriptions is considered "Routine" by most insurance companies and is a non-covered service.

A refraction may be required by your physician for diagnostic testing.

If your physician deems it necessary on your visit today, we will ask you to pay \$45 when you check out.

In the event that your insurance does cover all or a portion of our fee, we will refund that amount to you.

Co-payments, deductibles and non-medical (vision care as stated by insurance carriers) will be collected at the end of your visit.

Please do not ask to be billed.

Patient Signature

Today's Date

CERTIFIED BY AMERICAN BOARD OF OPHTHALMOLOGY

PRIMARY OFFICE: 2270 Ashley Crossing Dr. | Suite 100 | Charleston, SC 29414 | 843.556.2357 | Fax 843.556.0350

ROPER ST. FRANCIS MEDICAL CENTER: 149 St. James Avenue | Goose Creek, SC 29445 | 843.556.2357



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ACKNOWLEDGE OF RECEIPT OF PRIVACY NOTICE

This will acknowledge that I have been informed of the **Eye Center of Charleston Notice of Privacy Policies**, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice, and I request the following restriction(s) concerning the use of my personal medical information:

Also, I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to medical assignment of benefits apply.

Signed Today's Date

If not signed by patient, please indicate relationship to patient (e.g., spouse)

Relationship Witnessed by

FOR OFFICE USE ONLY

If patient or patient's representative refuses to sign acknowledgment of receipt of notice, please document the date and time the notice was presented to patient and sign below.

Presented on (Date and time) By (Name and title)

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