



EDWARD J. MALIK, O.D., CHTD.

Office Policy

Payment of all professional services, insurance deductibles and co-payments is due at the time of service. We require a 50% deposit on all material orders prior to beginning the work. There is a \$20.00 returned check fee. You are responsible if your insurance company does not pay for any reason. We do not accept assignment on secondary insurance. If you wish to have new lenses mounted in a used eyeglass frame, we cannot warranty that frame against breakage. There are no refunds on prescription eye wear or professional services. Canceled orders are subject to restocking fees.

Insurance Signature On File

I certify that the information given by me in applying for insurance and/or Medicare payment is true and correct. I authorize my doctor to act as my agent in helping me obtain payment of my insurance and/or Medicare benefits, and I authorize payment of these benefits directly to Edward J. Malik, O.D. on my behalf for any services and materials furnished. I authorize any holder of medical information about me to release to these benefits payable to related services. If I have other health insurance coverage, my signature authorizes release of the above medical information to the insurer or agency shown, and authorizes my doctor to act as my agent, as above.

Acknowledgement of Receipt

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for our services, and to conduct health care operations involving our office. The Notice of Privacy Practices you have been given describes these uses and disclosures in detail. I acknowledge that I have received the Notice of Privacy Practices for Edward J. Malik, O.D.

Examination Fees*

- > comprehensive eye exam for spectacles: \$110.00
- > exam & contact lens evaluation: \$185.00
- > exam and contact lens evaluation for astigmatic contact lenses: \$210.00
- > contact lens training: \$25.00
- > exam and contact lens evaluation for soft bifocal lenses: \$210.00
- > optomap: \$32.00

Please note: Depending on your vision plan you may be required to pay an additional contact lens evaluation fee.

Patient Signature

Date

*fees subject to change