**CONSENT FOR TREATMENT**

I hereby authorize Dr. Kelleman (or whomever he designates) to administer medical treatment and testing as necessary

Please check with your plan administrator if you have any questions regarding your eligibility. Liability I understand that account balances and co-payments are due at time of service. If I have medical insurance, I authorize my plan carrier to directly pay Dr. Kelleman. I also authorize Dr. Kelleman to release any information required for payment to be made. If my plan carrier does not pay, or partially pays, I understand I am responsible for payment in full or the remaining balance. If for any reason, my balance is outstanding for 90 days or more, I will be subject to a 15% late fee. My signature below verifies that I understand this agreement and the above financial disclaimers.

**The part of your evaluation that determines your prescription is called refraction. Refractions are also done under certain circumstances for diagnostic purposes. Some insurance companies will cover the cost of refractions, if the circumstances arise that they do not, The fee for a refraction is $50. My signature below verifies I understand the refraction fee.**

Contact lens evaluation services are not an included part of a medical eye health evaluation and vision assessment, and additional fees apply. Fees are customized according to the complexity and the time necessary to care for the patient. Fees for contact lens evaluation services are $45 & up. Contact lens materials are an additional fee. A contact lens prescription expires 2 years from last evaluation. In order to Re-new your prescription, you will require a contact lens evaluation. My signature below verifies I understand the contact lens fees.

Digital retinal imaging is a technology which involves capturing a high-resolution digital image of the interior portion of your eye, the retina. This technology provides us with a digital retinal fingerprint and serves as a baseline for comparison at future visits. It is an excellent tool for preventative care. We take retinal screening for ALL PATIENTS. Digital imaging is quick, and the images are available immediately. Some insurance companies will cover the cost of digital retinal screening, if the circumstances arise that they do not, the fee for digital retinal screening is $39. My signature below verifies I understand the retinal screening fee

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (lifetime signature) PATIENT/ LEGAL GUARDIAN IF A MINOR**