Optical

PATIENT INFO PACKET

middle tn eye

Alissa Hudson, MD

Patient Info

middle tn eye
Alissa Hudson, MD

PATIENT INFO:

Last Name: _____ First Name: _____ MI: ___ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: ○ if same as above

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (____) _____-_____ Cell #: (____) _____-_____ ○ allow text appointment reminders

Email Address: _____ ○ allow email appointment reminders

SSN: _____ DOB: ___ /___ /_____ Age: _____ Sex: ○ Female ○ Male

Employer/School: _____ Occupation: _____

Marital Status: ○ Single ○ Married ○ Divorced ○ Widowed

Spouse Name: _____ Emergency Contact: _____

Relationship: _____ Phone #: (____) _____-_____

INSURANCE INFORMATION:

Primary Insurance: _____ if patient is not primary card holder the following is needed

Policy Holder's Name: _____ SSN: _____ DOB: ___ /___ /_____

Secondary Insurance: _____ if patient is not primary card holder the following is needed

Policy Holder's Name: _____ SSN: _____ DOB: ___ /___ /_____

Do you have a Living Will?: ○ Yes ○ No

Insurance: (Please see back of Registration form for more DETAILS) You agree to pay any portion of the charges not covered by insurance. **If your Insurance Company requires a referral and/or preauthorization, you are responsible for obtaining it.** Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company. A copy of any new insurance cards must be given at the beginning of that visit.

Required Payments at Time of Service: Any co-payments, co-insurance, deductibles and other services that are not covered by insurance. **CHECKS written will be deposited promptly.**

Patient Info

middle tn eye
Alissa Hudson, MD

I _____ **(please print name)** have fully read and understand the HIPAA Compliance and the Financial Policy of Middle Tennessee Eye Associates of Cookeville. I hereby request any benefits on my behalf be paid to the physician(s). I also authorize the release of any information acquired in the course of my treatment to my insurance company as needed to issue benefits. I authorize the physician(s) to administer such treatment as they may deem advisable for my diagnosis and treatment. I certify that I have been made aware of the role and services offered by the physician and physician's associates and I consent to receive such care by these providers. I understand that these services are voluntary and I have the right to refuse these services.

I also request that payment of authorized Primary, Secondary, Tertiary, or Medigap (Medicare supplement) insurance benefits be made on my behalf to the provider(s) for any services furnished to me by that provider(s). I authorize any holder of medical information about me to release pertinent information to Primary, Secondary, Tertiary, or Medigap insurances to determine these benefits payable for related services.

Patient Signature: _____ Date: _____

MTEA Associate: _____ Date: _____

Payment Policy

middle tn eye
Alissa Hudson, MD

FORMS OF PAYMENT

The Middle TN Eye Optical Shop accepts cash, check or credit card payments. We also accept some insurances.

TERMS

A 50% down payment is required on all orders. Payment of the balance is due upon delivery. Checks returned with insufficient funds will incur a $30 service charge.

CREDIT CARD FEE

While we enjoy providing the convenience of using a credit card, we are charged large fees for all credit card transactions. Since these fees are not accounted for in the cost of your glasses or contact lenses, we add a 2% credit card transaction fee to all credit card purchases.

Optical Warranty

middle tn eye
Alissa Hudson, MD

NEW FRAMES

All frames sold by POF will carry a 1 year manufacturer's defective warranty, unless stated differently. We will replace the frame only. Frame damage, accidental or intentional, will not be replaced. Lost glasses will not be replaced. Loose screws are not considered manufacturer's defect. Please contact us before sending back any glasses. Shipping cost excluded.

USED FRAMES

Before shipping your frames to us, please carefully inspect your frames for signs of damage and wear. All frames will be inspected and photographed before processing. Any frame rejected due to previous repairs or signs of excessive wear will be held until patient is notified before processing. Great care is taken when processing your order, but when a frame in broken, POF will not be held responsible for replacing or repairing the frame. Patient will have the option to get a 50% refund or ship us the same frame. In these situations, POF will resolve the problem in a fair and timely manner.

NEW LENSES

All lenses processed by POF will have a 1 year scratch warranty under normal use, unless stated differently. Obvious signs of abuse will not be warrantied. Replacement lenses of the same prescription will be made one time at no charge, when the glasses are returned with the original invoice number and date. The scratch warranty does not apply to Mirror Coatings. Shipping cost excluded.

CANCELLATION / PRESCRIPTION ERRORS

If lenses are not yet in process, cancellation and prescription changes can be made at no charge. But if lenses are already in process, patient will be charged at 50% discount.

DOCTOR'S PRESCRIPTION REDO

Changes in the patient's prescription, which require a remake of the original lenses, will be made one time at no charge within 60 days of the invoice date. All new options on the lenses will be charged at full prices. If patient changes frame, order will be processed at regular prices. Original lenses must be returned on all doctor redos.

HALF PAIR ORDER / BALANCE LENSES

When you are replacing one lens only (1/2 pair), inspect the other lens carefully for scratches and chips. We cannot be responsible for the condition of enclosed lenses. Balance lenses are charged at 50% off regular prices. Please type "Balance Lens" in the promotion code when checking out order.

X: _____

600 E. Veterans Dr. | Ste A | Cookeville, TN 38501 931-372-1994 OFFICE | 888-848-0741 TOLL FREE middletneye.com

Optical Warranty

middle tn eye
Alissa Hudson, MD

SHIP TO ADDRESS

All warranty orders need to be shipped back to:

POF
#228 Warranty Dept.
15532 SW Pacific Hwy C1B
Tigard, OR 97224

Priority service will be placed on all warranty orders. Shipping cost are non-refundable.

Photo Permission

middle tn eye
Alissa Hudson, MD

Dr. Alissa Hudson and the staff at Middle Tennessee Eye Associates are excited you chose us for your optical provider. We would like to document your results with a photo. Sometimes these photos are used in advertisements. We often use television, internet, and print ads to advertise this practice. To agree to have your image used sign below. If you decline the use of your image sign the appropriate line below. You can also like us on Facebook and tell people about your experience.

Thank you,

Donna Kernell, CoA OSC

Donna Kernell, CoA, OSC

Surgical Coordinator

I Agree: _____ Date: _____

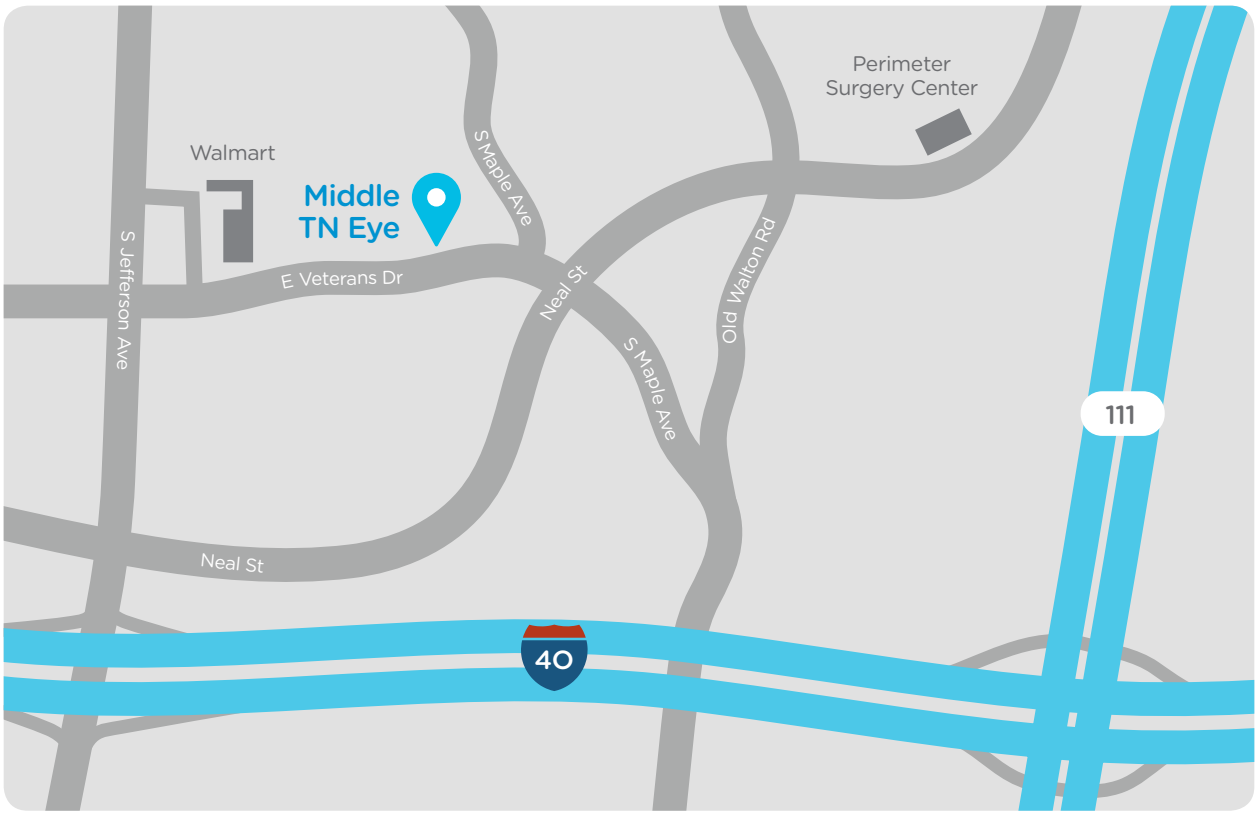
I Decline: _____ Date: _____

Signature: _____ Date: _____

600 E. Veterans Dr. | Ste A | Cookeville, TN 38501 931-372-1994 OFFICE | 888-848-0741 TOLL FREE middletneye.com

Location

middle tn eye
Alissa Hudson, MD



600 E Veterans Dr | Suite A | Cookeville, TN 38501

NO LONGER NEED YOUR GLASSES?

GIVE THE GIFT OF VISION

Stop before you drop your old glasses in the trash. Donate them. They can be used by others to see clearly.

We are a Lyon's Club Drop Location.

middle tn eye
Alissa Hudson, MD

600 E. Veterans Dr. | Ste A | Cookeville, TN 38501 931-372-1994 OFFICE | 888-848-0741 TOLL FREE middletneye.com