MILFORD - FRANKLIN
EYE CENTER
*A Better Vision For Your Eyes*

Roger M. Kaldawy, M.D. – Dan Liu, M.D. - Jorge Arroyo, M.D.
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**A. CONSENT FOR USE AND DISCLOSURE OF PROTECTED INFORMATION**

I hereby give my consent to use and make known protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). I have the right to review the Notice of Privacy Practices prior to signing this consent. Milford Franklin Eye Center may call, leave voicemail, text messages or email my home or other alternative locations with items relating to TPO such as appointment reminders, insurance items, statements, clinical care and lab results.

**B. ACKNOWLEDGE OF POSSIBLE NON-COVERED SERVICES**

I understand that certain procedures performed by my doctor may not be covered by my insurance. If my insurance carrier should reject any of these services billed for myself/dependent, I understand that I will be responsible for any and all non-covered/rejected charges for services rendered.

**C. INFORMATION REGARDING DILATING EYE DROPS**

As part of the eye examination today, the use of dilation drops may be necessary. These drops are used to enlarge the pupils to allow the Ophthalmologist to get a better view of the inside of the eyes. Dilating drops frequently blur vision for a length of time, which varies from person to person and may make bright lights bothersome and cause glare. On average, dilation lasts between 4 to 6 hours. *If you feel unsure about your vision after your eyes have been dilated, please wait until you are comfortable, do not walk or step on curbs, watch your steps, avoid glare by wearing sunglasses (available for free at our check-out desks)* and make arrangements not to drive yourself. If you had a previous adverse reaction due to dilation drops, please inform your ophthalmologist at the beginning of your visit.

**D. REFRACTION ACKNOWLEGEMENT**

A refraction is the test that determines the prescription needed for your glasses. The Centers for Medicare Services benefits guide specifically excludes this service, and most private insurance companies follow this position. As such, you are responsible for the cost of the refraction test which you can pay on check-out, or it can be billed to you.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE. I CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION AS DETAILED ABOVE. I ALSO ACKNOWLEDGE THE POSSIBILITY OF NON-COVERED REJECTED SERVICES AND MY RESPONSIBILITY FOR THE SAME.**

Patient Name: _____

Patient Signature: _____Date: _____

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MILFORD OFFICE: 160 SOUTH MAIN STREET, MILFORD, MA 01757 ☎508-473-7939
MILLIS OFFICE: 730 MAIN STREET, SUITE 1E MILLIS, MA 02054 ☎508-528-3344
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