



ATLANTIC EYE

300 S HIGHWAY 35, SUITE 300. EATONTOWN, NJ 07724 | 732.222.7373

1963 NJ-34 BUILDING B, SUITE 101. WALL TOWNSHIP, NJ 07719 | 732.223.6555

100 COMMONS WAY # 230, HOLMDEL, NJ 07733 | 732.796.7140

180 WHITE ROAD, SUITE 202. LITTLE SILVER, NJ 07739 | 732.219.9220

ATLANTIC EYE PHYSICIANS – VISION FOR THE FUTURE, YOUR FUTURE.

LISTED BELOW IS HELPFUL INFORMATION ON THE TESTING BEING PERFORMED DURING YOUR VISIT.
IF YOU HAVE ANY QUESTIONS, PLEASE LET US KNOW.

DILATING EYE DROPS

Dilating eye drops enlarge the pupil of the eye to allow for the examination of the inside of your eye. These drops usually cause blurred vision. The length of time your vision will be blurred, and the degree of eyesight impairment varies from person to person.

Driving even in low light conditions may be difficult or impossible after an examination with dilating drops, and if possible, you should not drive yourself afterwards. Instead, we strongly suggest you make alternate arrangements for transportation after your examination. If you choose to drive yourself, you acknowledge that you understand the risks and accept full responsibility for any injuries to yourself or others. Also, we strongly suggest you use sunglasses to reduce your increased sensitivity to light while driving.

By signing below you authorize your Atlantic Eye provider and or their nurses or other assistants to administer dilating drops during the course of your treatment. You understand and acknowledge that you have been warned of the potential risks that dilating eye drops may have on your ability to drive and will take appropriate steps to reduce this risk.

REFRACTION SERVICE AND FEE

Refraction is the process of determining your best correct vision and if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and is necessary to write a prescription for glasses or contact lenses.

Refraction is NOT a covered service by Medicare or most insurance plans. These plans consider a refraction to be a “vision” service and not a “medical” service. If your plan includes vision coverage, this service is typically covered. We will file the charge for the refraction with your health insurance as a courtesy.

Our office fee for refraction is \$55.00 and this fee is due at the time of service in addition to any co-payment your plan requires. Should your insurance pay us for the refraction, we will reimburse you accordingly.

CONTACT LENSES

Contact Lens evaluation, update of prescription, new fit and refit are NOT included in a routine eye exam.

There is an additional charge for this service. Payment is due at the time of service.

SATURDAY NO SHOW FEE

Our office requires a credit card on file for all Saturday appointments. A cancellation fee of \$50 will be charged and applied for all No Shows or Cancellations made 24 hours or less.

By signing below you acknowledge that you have read this page in its entirety and understand the above stated information and fees and accept full financial responsibility for any cost incurred.

Patient Name _____ Date ____/____/____

Patient/Representative Signature _____

Representative _____ Relation to Patient _____