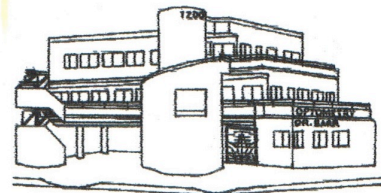


Kenneth Chu OD  
1200 Artesia Blvd. #1  
Hermosa Beach, CA 90254



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**ACKNOWLEDGMENT OF RECEIPT:  
NOTICE OF PRIVACY PRACTICES OF Kenneth Chu OD**

Print Patient Name \_\_\_\_\_ Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Your signature below acknowledges that you have been given a copy of the NOTICE OF PRIVACY PRACTICES of Kenneth Chu OD to read. Federal regulations (the Health Insurance Portability and Accountability Act—HIPAA) require we ask for your signature of receipt. Rest assured that your personal information has never been, nor ever will be disclosed to any outside marketing company.

Signature \_\_\_\_\_ Dated \_\_\_\_\_

If you are signing as guardian or personal representative, indicate your relationship to the patient below.

Relationship to patient \_\_\_\_\_ Print Your Name \_\_\_\_\_

**OUR STANDARDS OF CARE, FEES, AND POLICIES**

**PREVENTIVE CARE**

Comprehensive exams are scheduled annually, retinal photography every 3-4 years (\$19 and not covered by most insurance). Contact lens wearers require additional testing not included in a comprehensive exam. (See CONTACT LENSES below). If additional testing is recommended beyond the above we will discuss the fees with you in advance. Special testing, foreign body removal, red eye visits etc. are handled on an emergent basis and the fee will vary depending on the complexity of the case.

**CONTACT LENSES**

First time contact lens wearer exam (\$79). Existing wearer contact lens exam (\$46). Contact lens exams are scheduled every 6 months for regular wear patients, and annually for occasional wear patients. This schedule is based on relative risk for complications. Fees are subject to change and may be higher for complex cases.

Contact lens exams may include 1 pair of diagnostic lenses (if required) and 1 follow-up visit if required. Subsequent visits are \$46. Patients may elect to pay a case management fee (\$128) covering all visits and lens changes for a period of 60 days in lieu of paying a per visit charge (recommended for new fittings).

If you're not happy with your lenses, we aren't happy with your lenses and we will make changes if needed up to 30 days following dispensing. Any adjustments to contact lenses must be requested within 30 days of dispensing and a dispensing visit must be scheduled within 2 weeks from notification of lens arrival to avoid additional charges.

**CANCELATIONS/MISSED APPOINTMENTS (\$35)**

We schedule significant time for your examinations so we kindly ask you to give us at least 24 hours notice if you will be unable to keep an appointment so that time may be given to another patient waiting to see the doctor. If you miss any appointment (comprehensive exam, contact lens exam, follow up visit) or fail to give us 24 hours notice of cancellation, you will incur a \$35 charge.

**FINANCIAL RESPONSIBILITY**

While we will assist you with insurance billing, you are ultimately responsible for all charges incurred regardless of any third party coverage you may have. We gladly accept Discover, Visa, MasterCard, personal checks and cash. Any check returned by the bank will incur a \$25 charge. Delinquent accounts will incur a \$25 charge. Professional fees are due when rendered and a 50% deposit is due when materials are ordered. The balance is due at the time of dispensing.

My signature below acknowledges that I have read and understand these Standards of Care, Fees and Policies.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_