

# A MEDICAL VS VISION EXAM



**What brought you in today?**

**What is your medical history?**

**What eye health Issues do you have?**

All of these questions will determine whether your medical or vision insurance will be billed for your Clarifye eye examination today.

## **Vision Exam**

A Routine or Wellness Vision Exam includes **a screening** for eye disease and determination of a prescription for glasses and/or contact lenses. Patients who have these exams do not currently have any eye disease or symptoms of eye disease. These type of exams are covered by most vision insurance plans such as Eyemed, Superior Vision Plan, Community Eye Care, etc. If at a wellness vision exam, the doctor suspects an eye disease is present, it is likely that either the exam will turn into a medical exam or another appointment would need to be scheduled for you to return for a medical eye exam. Prescriptions for medications are not part of a routine wellness eye exam. Diabetic Examinations are Medical Based Eye Examinations and will be billed as such.

## **Medical Exam**

A medical exam is a medically necessary comprehensive examination that includes diagnosis and treatment of eye related diseases, such as diabetic retinopathy, glaucoma, macular degeneration, cataracts, corneal disease, eye infections, dry eye, allergy and potentially sight threatening diseases etc. This exam evaluates reasons for the symptoms and assesses any treatment needed. Prescriptions for medication can be determined in this exam. Medical insurances such as Medicare, Blue Cross Blue Shield, United Healthcare, etc cover this type of exam depending on your individual plan.

**Please Provide Both Medical And Vision Insurance Information to our Staff for Proper Processing.**

*Most patients will have a **refraction** done during either type of exam. A refraction is a diagnostic test used to determine your best corrected vision. For some medical conditions a refraction is needed even when eyeglasses are not prescribed. The majority of insurance companies do not cover this procedure. If your insurance does not cover your refraction, you will be asked to pay the fee of \$75.*

**IF You are Paying Out of Pocket for these services and not using insurances, You will be given a Prompt Pay discount. Please Mark the Box If this is the Case.**

☐

\_\_\_\_\_  
Patient Signature (or Parent/Guardian)

\_\_\_\_\_  
Date



# HIPAA Compliance

The Eye Center values your privacy greatly and is bound by HIPAA regulations to protect your personal health care information. Please inquire with the front desk staff for a detailed print out of our HIPAA policies regarding your personal health care information.

## Authorization for the Use and Disclosure of Individually Identifiable Health information

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that the information I authorize a person or entity to receive may be re-disclosed and no longer protected by federal privacy regulations.

- Persons/Organizations authorized to use or disclose the information are The Eye Center - Doctors of Optometry, P.A.
- Persons/Organizations authorized to receive the information: Lenscrafters.
- Specific description of information that may be used/disclosed: my name, address, telephone number, email address and next appointment dates and times.
- As part of our recall program, the information might be used/disclosed for the following purposes:
  - a) For the purpose of providing Lenscrafters coupons and service and product information either from this office or directly from Lenscrafters; and
  - b) to compare contact lists with Lenscrafters to help avoid duplicate contacts related to eye exam scheduling within similar time frames
- I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, receive payment or eligibility for benefits unless allowed by law.
- The organization authorized to use/disclose the information will NOT receive compensation for doing so.
- I understand that I may inspect or copy the information used or disclosed.
- I understand that i may revoke this authorization at any time by notifying the person/organization providing the information in writing, except to the extent that:
  - a) action has been taken in reliance on this authorization; or
  - b) If this authorization is obtained as a condition for obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.
- This Authorization expires four years from the date of my signature.

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Signature of patient or patient's representative

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Date

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Printed name of patient or patient's representative

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Relationship to patient to act for patient

# INSURANCE POLICY AND PROCEDURES



The Eye Center is fully committed in filing insurance claims on behalf of our patients. It is our policy to call for benefits and eligibility prior to patients' scheduled appointments, if the insurance information is provided.

Most insurance companies are only available Monday through Friday to provide benefits and eligibility information. Furthermore, most insurance companies will not guarantee payments until claims have been authorized, submitted and processed.

We will file your primary medical or vision insurance for our patients.

If at the time of service your visit is deemed medical by the doctor or staff, then your medical insurance will be billed and you will be responsible for the co-pay at the end of the service.

I, \_\_\_\_\_ understand and accept responsibility for any non-payment of charges incurred on top of the co-pay charged at the time of my services, including deductible charges by my insurance after my claims have been processed by my insurance.

I, \_\_\_\_\_, will pay The Eye Center's usual and customary charges for services provided and accept a refund check if my insurance covers any services rendered at the time of my visit. I understand that a refund check may take up to 4 weeks to process once The Eye Center receives payment from my insurance.

\_\_\_\_\_  
Patient Signature (or Parent/Guardian)

\_\_\_\_\_  
Date

# CLARIFYE: THE DIGITAL EYE EXAM THAT SHOWS YOU MORE



CLARIFYE is a state of the art digital eye exam which includes a high definition health scan of the eye. The new Clarifye glasses and contact lens prescriptions will provide you with clear and crisp vision. However, on occasion, some patients may have issues adjusting to their new correction.

The vast majority of our patients who experience Clarifye immediately have comfortable and clear vision with their new glasses and/or contact lens prescriptions. But, it is very normal for some patients to take 7-10 days to completely adapt to their new prescription, especially if their prescription has changed moderately or they are adjusting to new types of lenses like progressive no line multifocal glasses or contact lenses.

Our Doctors advise our patients to try their new glasses or contact lenses out for 7-10 days. However, if they have not adapted to their new prescription, then we welcome you to schedule a complementary RX check visit, after you have confirmed with Lenscrafters or the optical that you purchased your glasses that the prescription lenses in the glasses are in fact made correctly. Although **we do not provide refunds** for the services that already have been performed, we do however provide a free RX check exam for our patients as long as the patient returns within 1 month of the examination date for the RX check. Patients who come after the 1 month period will incur a nominal office visit charge.

Clarifye provides a very precise and custom fit prescription for your best vision. We encourage our patients to fill their Clarifye prescription with a licensed optician at an optical where they precisely measure and fit your new frames and lenses to your eyes so that it will allow you to see the way **OUR DOCTORS INTENDED YOU TO SEE.**

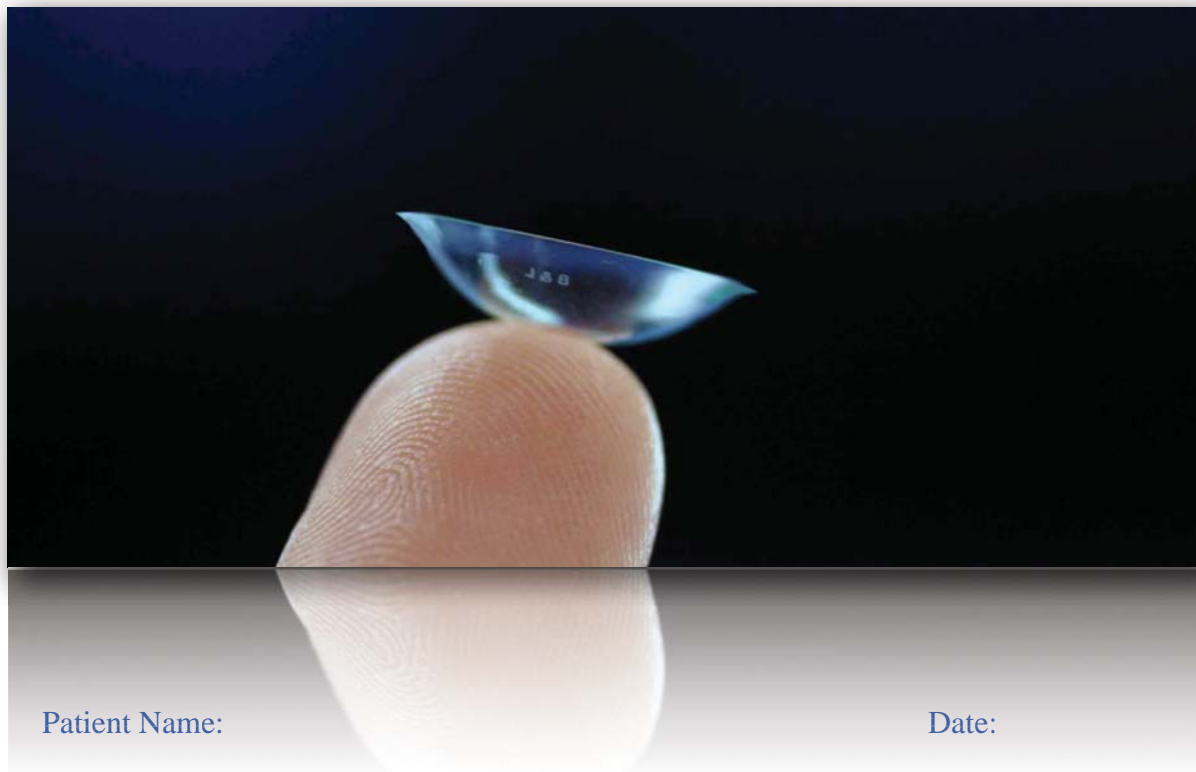
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Patient Signature (or Parent/Guardian)

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Date

# CONTACT LENS DISCLAIMER



It is the policy of the Eye Center to provide the best possible contact lens fitting and follow up care possible. Due to the fact that on a rare occasion some patients change their mind regarding their interest in wearing contact lenses after the fitting and evaluation services have already been provided or they are unable to make their follow up appointments: **CONTACT LENS FITTING FEES ARE NON REFUNDABLE.**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

A Contact lens fitting service includes a trial pair of contact lenses if fitted with disposable contacts, follow-up visits if required, and a starter kit of solution for new fits. Sometimes follow-up visits are needed before the doctor can finalize your contact lens prescription. It is your responsibility to return for any follow-up visit requested by the doctor and it must be fulfilled within **45 days**. If you do not return, then your contact lens prescription will not be finalized and if you come back after the 45 days then you will be charged for an office visit. If you **come back after 6 months** we will require for you to have a full comprehensive eye examination to determine a prescription. It is possible that your eyes have changed within that period and so to be able to give you an accurate contact lens prescription we would have to re-examine you. Please note that if you require a change in your contact lens fitting, other charges may apply.

You, the patient, are responsible for scheduling an appointment to have your contact lens prescription rechecked if you are experiencing any issues with the wear of your contacts. **This call must be made within 45 days of your initial contact lens fitting visit.**

If you purchase contacts, you will be given **thirty (30) days** to pick them up. If your contacts are not picked up within **30 days**, the contacts will be returned to stock. **There will be no monetary refunds given after 30 day purchase period.** A credit will be placed on the patient's account in the amount of the contact lens purchase. **Contacts must be paid for before your supply can be ordered.**

There will be no monetary refunds given after the 30 day purchase period for contact lenses. If for any reason you are not satisfied with your contact lens, it is the policy of this office to refund 100% of the contact lens cost, provided the contact lens are returned **undamaged/unopened/unmarked box** within **thirty (30) days** of the dispensing date. This refund does not include professional fees for the contact lens evaluation. This does not apply to gas permeable/specialty or yearly contact lenses .

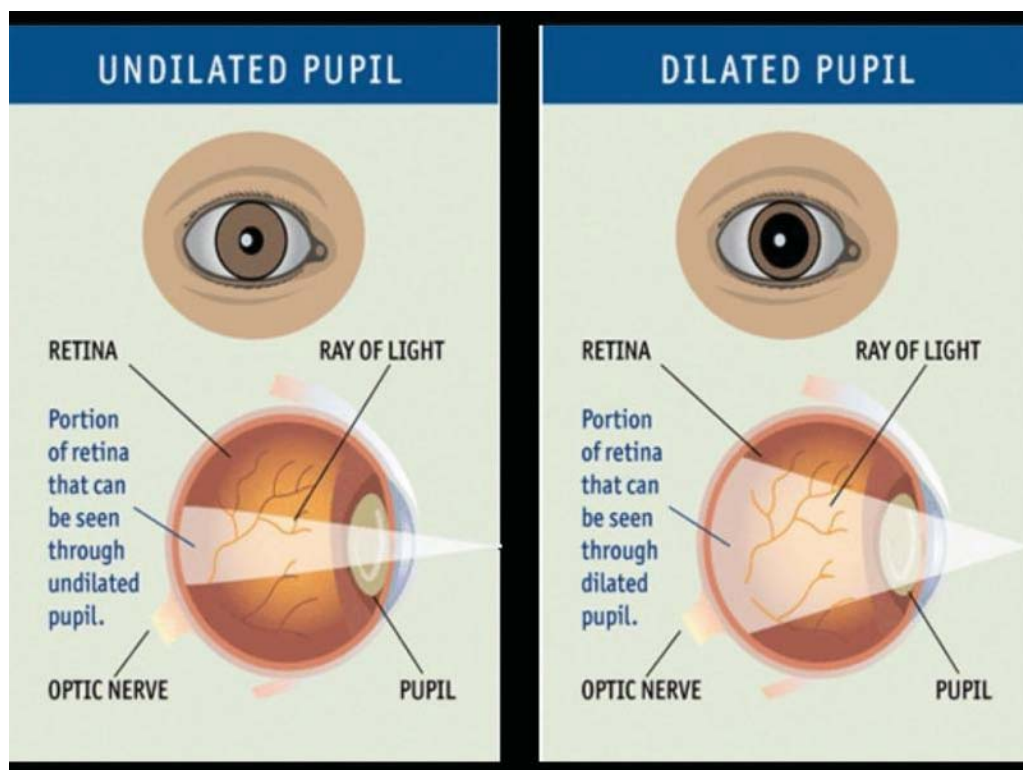
Patient (Parent/Guardian) Signature: \_\_\_\_\_

Parent or Guardian must sign if the child is a minor.

\_\_\_\_\_  
(Parent or Guardian please print name)



# THE DOCTOR MAY DILATE YOUR EYES



The Doctor may recommend dilation of your eyes to make your pupils larger as part of the ocular health portion of your exam. A thorough exam that includes retinal photos and dilation is often the first step in diagnosing a condition that could possibly have devastating effects on your vision.

Dilation of the eyes enables the doctor to have a more expanded view of the inside of your eye so that they can evaluate the periphery of the eye including all retinal structures.

The doctors will be able to identify retinal detachments, retinal tears, ocular tumors, macular degeneration and glaucoma as well as a host of other eye diseases and disorders.

Some of the **side effects of the dilation** are the following

- Possible blurry vision at distance and near for 4-5 hours after the drops have been put in the eye
- Increased sensitivity to light
- Since dilation may cause blurry vision, the patient may be uncomfortable driving and it is recommended at that point to wait a period of time before driving.
- Some patients have experienced nausea and initiation of migraine symptoms
- Pregnant patients or lactating patients will have to postpone their dilation till after they finish lactation. Please inform the staff of this condition.
- Some Specific types of previous cataract surgery patients can not have dilation performed. Please inform the staff if you have had previous cataract surgery called iris fixed implant.

If you have had previous moderate to severe allergic reactions to dilation of the eye in the past, then please inform The Eye Center staff and The Eye Center Doctor as well.

The Doctor may allow you to postpone the dilation for a later date and still perform the rest of the examination including the prescription check.

A pair of disposable sunglasses will be distributed to you at the end of the exam such that the dilation effects of sensitivity to light are minimized.

*I, \_\_\_\_\_, understand the side effects of dilation drops that have been communicated to me and if I chose to postpone the Dilation to a later date then I will schedule a follow up dilation visit as soon as possible.*

\_\_\_\_\_  
Patient Signature / Guardian / Parent Signature

\_\_\_\_\_  
Date



# An “Optos” Picture is worth a thousand words

**Diabetes, Hypertension, Cancer, High Cholesterol  
Glaucoma, Macular Degeneration....**

These are only a few of the many diseases that can affect the back of the eye and cause permanent loss of vision. Now these vision threatening diseases can be identified early and monitored yearly by taking an Optos Daytona digital retinal picture.

An Optos Image is a 3-D digital photograph of your retina : an essential structure in the back of the eye where vision is formed. Optos photos take seconds to digitally capture and can be easily reviewed for your overall ocular health.

**The Eye Center has instituted a mandatory requirement** of taking these digital pictures because they are a crucial part of a complete Clarifye Eye Exam.

Most of the time, insurance companies do not cover this new cutting edge technology, however we at The Eye Center believe that this test is a very valuable part of a complete eye exam. Hence we have set the price at an affordable \$39.00 for both eyes.

***These high tech photos will become a permanent part of your eye health record.***

## Advanced Beneficiary Notice (ABN)

- EyeMed Vision Care does not pay for all care, even those tests or procedures your vision care provider will recommend based on his or her professional expertise.
- This form acknowledges specific services not covered by EyeMed, and your additional out-of-pocket costs for these services.
- You will be responsible for items not covered by EyeMed.

**Patient**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Service \_\_\_\_\_

Recommended Service(s)	Reason EyeMed May Not Pay	Estimated Out-of-Pocket Cost
92004   92014 Comprehensive Eye Exam	<input type="checkbox"/> Non-covered Service	\$ _____
92002   92012 Intermediate Eye Exam	<input type="checkbox"/> Other _____	\$ _____
92015 Refraction	<input type="checkbox"/> Non-covered Service	\$ _____
92250 Retinal Photography	<input type="checkbox"/> Other _____	\$ <b>39.00</b>
92310 Contact Lens Fitting	<input type="checkbox"/> Non-covered Service	\$ _____
S0500 Contact Lens Supply	<input type="checkbox"/> Other _____	\$ _____
_____	<input type="checkbox"/> Non-covered Service	\$ _____
_____	<input type="checkbox"/> Other _____	\$ _____

**Patient Acknowledgement**

Please select the appropriate option below.

- ☐ Option 1: I want the SERVICES listed above. I understand that if EyeMed Vision Care does not cover the above-listed service, I am responsible for payment.
- ☐ Option 2: I do not want the SERVICES listed above.

Patient Name	Date
Patient Signature (or parent/guardian if minor)	Relationship

Provider Name	Date
Provider Signature	