New Patient Information

First Name:_____ Last Name:_____ DOB: _____

Male:_____ Female:_____ SSN:_____

Address:_____

City/State/Zip:_____

Home:_____ Cell:_____ Work:_____

Email Address:_____

Employer:_____ Occupation: _____

Primary Care Doctor:_____ Office Number:_____

Endocrinologist:_____ Office Fax:_____

Are you: Single:_____ Married:_____ Divorced:_____ Widowed:_____

Do you smoke? _____ Packs per week? _____ Yrs since you quit? _____

Do you drink alcohol? _____ Drinks per week? _____

Do you use a computer? _____ Hours per week? _____

Do you exercise? _____ Times per week? _____

Hobbies? _____

Patient Ocular History

Ocular History	***Patient***	***Family***	***Relationship to Patient/Notes***
Blurred Distance Vision	_____	_____	_____
Blurred Near Vision	_____	_____	_____
Decreased Night Vision	_____	_____	_____
Cataracts	_____	_____	_____
Glaucoma	_____	_____	_____
Macular Degeneration	_____	_____	_____
Dry, Itchy or Red Eyes	_____	_____	_____
Retinal Problems	_____	_____	_____
Flashes/Floaters	_____	_____	_____
Amblyopia (Lazy Eye)	_____	_____	_____
Eye Injury or Surgery	_____	_____	_____
Blindness	_____	_____	_____
Do you wear glasses?	_____	_____	_____
Do you wear contacts?	_____	_____	_____

Patient Medical History

Medical History	*Patient*	*Family*	*Medical History*	*Patient*	*Family*
High Blood Pressure	_____	_____	Hepatitis	_____	_____
Heart Condition	_____	_____	Tuberculosis	_____	_____
Congestive Heart Failure	_____	_____	AIDS/HIV Positive	_____	_____
Stroke	_____	_____	Lupus	_____	_____
Diabetes Type I or II	_____	_____	Arthritis/Joint Pain	_____	_____
Bleeding Disorder	_____	_____	Thyroid Disease	_____	_____
Anemia	_____	_____	Bladder Disease	_____	_____
Asthma	_____	_____	Kidney Disease	_____	_____
Emphysema	_____	_____	Ulcer	_____	_____
Chronic Cough	_____	_____	Chronic Constipation	_____	_____
Sinus/Allergies	_____	_____	Chronic Diarrhea	_____	_____
Headaches	_____	_____	Weight Loss	_____	_____
Migraines	_____	_____	Weight Gain	_____	_____
Seizure Disorder	_____	_____	Depression	_____	_____
Hearing Problems	_____	_____	Cancer	_____	_____

List all current medications and vitamins/supplements/non-Rx medications (if you have a printed list we can make a copy instead of writing them out): _____

_____

_____

List all allergies to medications: _____

_____

List the last 10 prior major surgeries: _____

_____

I certify that all of the information provided is correct to the best of my knowledge. I will notify the office if any of the information above changes. I have read and understood the HIPAA Policy, the Insurance and Billing Information Page, and the Cancellation and No Show Policy for Sugar Land Total Eye Care and that I may request a copy for my records.

Signature: _____ Date: _____

Insurance and Billing Information

Many of our patients have both vision and medical insurance and we want you to understand the differences between the two. This is important because they differ in what they cover, pay, etc.

Vision Insurance (VSP, Eyemed, Spectera, Superior Vision, Davis Vision, etc) is primarily designed to determine a prescription for glasses or contacts, help pay for materials and to evaluate the basic health of the eye. It is not equipped to deal with complex medical conditions, diagnoses or treatment plans. Most medical testing is not covered by these plans. Therefore, the co-pay for this service is usually lower.

When a medical condition or diagnosis is present (such as high blood pressure, diabetes or an eye disease such as an eye infection, dry eyes, allergies, glaucoma, cataracts, etc), it is necessary to file with your medical insurance (United Health Care, Blue Cross, Medicare, Aetna, Cigna, Humana, etc). Any co-pays or co-insurance you have for medical specialists will then apply. We will also need to check whether you met your deductible or not. There are several levels of medical exam complexity with varying fees. Some components of medical exams may not be covered by your insurance, therefore you would be responsible for those fees. Medical fees are usually higher than vision fees. **If you do not have medical insurance but require a medical exam, please realize that you will pay a higher fee than the normal well-visit exam.**

The Refraction (the process of evaluating your visual system and determining if you need a glasses prescription) is a NON-Covered service by Medicare and some other medical insurance companies and they have deemed it to be the patient's responsibility. We will do our best to verify whether your non-Medicare medical insurance company will cover it or not. We currently charge $50 for the refraction if you must pay out of pocket for it.

If you have insurance, we HAVE to be able to verify coverage before you are seen. The ONLY exception to this is an ocular emergency.

Our office does not make these rules, they are defined by the insurance companies. Often we will not know which type of exam you require until we start our testing. We try to be a provider on as many insurances as possible and we will file those claims for you when there is a medical problem. In the event that we do not take yours, we will give you a printed itemized receipt to file with your insurance company.

By signing the previous page you state that you understand the above and assign all benefits to us. Whether or not you have insurance, you also understand that you are responsible for your charges, and you agree to pay for any attorney/collection fees of up to 35% of your original billed amount if you fail to pay your bill in a timely manner. Since exam exams are a service, NO refunds are available.

All fees, insurance co-pays and contact lens evaluation fees (that insurance may not cover) are due at the completion of your exam.

Cancellation and No Show Policy

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment, you notify the office at least 24 hours before your scheduled appointment time. This will allow for another person who is awaiting for an appointment to be scheduled in that appointment slot. With cancellations made with less than a 24 hour notice, we are unable to offer that slot to others.

Appointments that are cancelled with less than 24 hour notification may be subject to a $25.00 Cancellation Fee. Patients who do not show up for their appointment without calling to cancel their appointment will be considered as a no show. This too may be subject to a $25.00 No Show Fee.

The Cancellation and No Show fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment. We understand that special unavoidable circumstances may cause you to cancel within 24 hours, in this instance fees may be waived per Dr. Idiculla's approval.

Information about Dilation

The dilated retinal exam allows for a more thorough examination of the inside of the eye. It uses eyedrops to open your pupils as wide as possible to enable a clear view of the retina.

It can reveal conditions such as glaucoma, cataracts, retinal disease, ocular tumors, and also other conditions associated with diabetes and high blood pressure.

Side effects include sensitivity to light and blurry near vision lasting 3-4 hours. You may drive with caution following dilation. If you do not have sunglasses, a throw away pair will be provided for you.

All new patients and those with history of diabetes, high blood pressure, floaters, flashes of light, or any type of the eye disease including above average nearsightedness are especially urged to undergo this procedure along with Optomap retina imaging.

iWellness Screenings

In addition to the Optomap retinal image, we are pleased to offer several iWellness screening tests to determine the underlying health of the eye. We recommend at least a Basic iWellness test on patients 20 years of age and older annually, especially if there is a family history of any diseases such as Glaucoma, Diabetes, High Blood Pressure, Macular Degeneration, Dry Eye, or Cancer.

If you choose to have an iWellness package today, please understand that your medical insurance will not be filed for these tests at any time. These tests are not billable to insurance. The iWellness diagnostic machines are used to find early signs of disease processes and insurance companies only pay for the tests after a diagnosis is made.

They are broken down as follows:

iWellness Glaucoma $64

- OCT cross sectional image of the optic nerve
- Visual field screening test

iWellness Retina $64

- OCT cross sectional image of the macula and surrounding retinal area
- Visual field screening test

iWellness Cornea and Dry Eye $64

- Topography of the corneal surface
- Pachymetry (thickness measurement of the cornea
- Tear Analysis

iWellness Complete $89

- OCT cross sectional image of the optic nerve
- OCT cross sectional image of the macula and surrounding retinal area
- Visual field screening test
- Topography of the corneal surface
- Pachymetry (thickness measurement of the cornea)
- Tear Analysis

Any one individual test listed above $39

If you have any questions about these tests please don’t hesitate to ask.