

Eye Examination Services

HEALTH INSURANCE VS. ROUTINE VISION VS. CASH PAY DISCOUNT

NO INSURANCE- YOU WILL RECEIVE A CASH PAY DISCOUNT

ROUTINE VISION- I CHOOSE TO USE MY ROUTINE VISION BENEFIT (VSP, EYEMED, DAVIS, FEP BLUE, BLUE VIEW, HMA, AMERIBEN, SUMMIT ETC.)

- ROUTINE EXAM FOR NEW GLASSES AND/OR CONTACTS
- ROUTINE EXAM TO SEE IF YOUR EYES HAVE CHANGED
- ROUTINE EXAM TO SEE IF A CORRECTION IS NEEDED

* **A LIMITED HEALTH EVALUATION WILL BE PERFORMED AT THIS EXAM**

HEALTH/ MEDICAL INSURANCE- I CHOOSE TO USE MY HEALTH INSURANCE (MEDICARE, BCBS, UHC, SUMMIT, GILSBAR, ETC.)

****SUBJECT TO DEDUCTIBLE AND COPAYS****

* **IF YOU HAVE ANY MEDICAL ISSUES OR CONCERNS THAT FALL OUTSIDE OF NORMAL**

- DRY EYES, ITCHY EYES, ALLERGIES, WATERING EYES
- SPOTS, FLOATERS, FLASHES OF LIGHT IN VISION
- DIABETES OR CONCERNS OF DIABETES
- GLAUCOMA OR CONCERNS OF GLAUCOMA
- MACULAR DEGENERATION OR CONCERNS OF MACULAR DEGENERATION
- CATARACTS OR CONCERNS OF CATARACTS
- RED EYES, PINK EYE, EYE SECRETIONS
- EYE INJURIES, EYE TRAUMA, OBJECT IN EYE
- HEADACHES, EYE PAIN
- CONTACT LENS IRRITATION, CONTACT LENS ASSOCIATED RED EYE
- DECREASED VISION, LOSS OF VISION, DOUBLE VISION
- EYELID PAIN, SWELLING, INFECTION
- ANY RETINAL ISSUES

* **IF REFRACTION IS PERFORMED DURING THE VISIT, A FEE OF \$35.00 WILL APPLY AS MEDICAL INSURANCE DOES NOT COVER REFRACTION.**

PATIENT SIGNITURE: _____ DATE: _____