

PATIENT NAME _____

DOB ____/____/____

PATIENT PRIVACY NOTICE

The privacy notice that we have given you describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully and sign and date below. We will keep a copy of this release in your records. A copy of the privacy notice to take home will be given upon request. All minors under the age of 18 must have a legal guardian sign this notice for them.

Signature: _____ Today's Date: ____/____/____

Please list any person(s) we may discuss your protected health information with, this includes anyone you would like to be able to order or pick up contacts/glasses on your behalf:

PLEASE INITIAL EACH POLICY BELOW:

FINANCIAL POLICY

Patients who have medical/vision insurance should know that we try to submit all services directly to your insurance, but the patient, or insurance holder, is responsible for any payments/deductibles that are not paid by the insurance. We must emphasize that as medical/vision care providers, our relationship is with YOU, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are ultimately your responsibility from the date services are rendered. All insurance forms processed by this office are assigned to this practice. Your cooperation in complying with the terms of this assignment is appreciated.

CONTINUING CARE

I understand that it is my responsibility to follow my doctor's advice for the care of my eyes. I understand it is my responsibility to make follow-up appointments as instructed by the doctor or the doctor's staff.

CONTACT LENS FITTING/EVALUATION

A contact lens fitting/evaluation is a separate fee from your vision exam. Most vision insurances do not cover this fee. The fee includes three insertion/removal training sessions and three follow-up appointments if the prescription needs adjusted. This fee represents payment for services rendered even if patient is not successful after three training sessions. The contact lens fitting/evaluation period is 30 days, if any changes are requested after this time frame you may be charged an extension fee.

OPTICAL ORDERS

All prescription glasses are custom made to meet the unique visual needs of the patient. We offer 30 days from the date we notify you the order is complete to make prescription changes as needed. Refunds or exchanges are not offered on your custom order.

PATIENT INSURANCE AUTHORIZATION

I authorize Seraly Eye Care Associates to submit claims to my insurance carrier or its intermediaries for all services rendered by the physician and authorize and direct my insurance carrier or its intermediaries to issue payment check(s) directly to the physician rendering the services. I understand that all or a portion of my benefits may not be paid and that I will be responsible for any balance owed on the services rendered. I authorize Seraly Eye Care Associates to furnish complete information to my insurance carrier or its intermediaries regarding services rendered.

Signature: _____ Today's Date: ____/____/____

VISION VS. MEDICAL INSURANCE - What determines which insurance my visit is billed to?

Most people have vision insurance and medical insurance. They are very different in terms of the services they cover and it's important for our patients to understand those differences. Vision coverage (VSP, Spectera, EyeMed, Davis etc.) is mainly designed to determine a prescription for glasses and is not equipped to deal with complex medical conditions and/or diagnoses. It does allow for screenings of conditions, but once they are determined, then medical insurance is filed on those services. When a medical condition is present (such as diabetes, cataracts, dry eye, floaters, etc.) it is necessary to file the visit with your major medical carrier (BCBS, Aetna, UHC, Cigna, etc.) and the co-pays and deductibles for that insurance will apply. Insurance carriers set these rules and our office is required to follow them. In most cases, there is no way to know prior to the examination which type of insurance we will be able to file for you.

1. If you have ANY problems or complaints that MAY be attributable to a medical condition which requires a more in-depth investigation and additional medical decision-making to rule out any underlying eye disease, we will accordingly bill your MEDICAL insurance, NOT your vision plan. These include, but are not limited to:
 - New or sudden blurry vision
 - Eye pain or redness
 - Flashes or floaters
 - Eyestrain or double vision
 - Dry or itchy eyes
 - Loss of vision
 - Headaches
2. There are a variety of systemic conditions that can profoundly and permanently affect a patient's vision that require a more in-depth investigation, which may include additional testing, follow up visits, and reports to your primary care physician. This type of examination is NOT covered under "vision" plans, and we will bill your MEDICAL insurance, NOT your vision plan. These include, but are not limited to:
 - Diabetes
 - Lupus or autoimmune disease
 - Hypertension
 - Diseases resulting in use of high-risk medications like Plaquenil
 - Thyroid disease
3. If you have previously been diagnosed by another eye doctor for any eye issues that require medical decision-making, treatment, or management, we will bill your MEDICAL insurance, NOT your vision plan. These include, but are not limited to:
 - Cataracts
 - Macular or retinal disease
 - Amblyopia/lazy eye
 - History of eye surgery
 - Glaucoma/previous diagnosis of high eye pressure

I understand the above and authorize Seraly Eye Care Associates to file my insurance by the above guidelines.

Name: _____ **Signature:** _____ **Date:** _____

DIGITAL RETINA SCREENING

The Digital Retina Screening (a digital image of your retina) is something our doctors recommend all patients have done annually. The screening is only \$39.00, it is not covered by vision insurance.

Facts:

- **75%** of blindness can be prevented or treated if discovered early enough.
- Choroidal nevi and other pigmented lesions of the eye, **can occur at any age**, and are risk factors in developing melanoma.
- Diabetic retinopathy is the leading cause of preventable blindness.
- Age related macular degeneration (AMD) is the leading cause of blindness in people over 55.

Benefits of the screening:

- Detection rate of Choroidal Nevi using digitally enhanced imaging is twice that of a standard dilated fundus exam.
- The digital screening has shown a 30% increase in detection rate of diabetic retinopathy compared to a standard dilated fundus exam.
- Retinal problems such as macular degeneration, glaucoma, retinal holes, and retinal detachment can be detected significantly earlier with this simple screening.
- **The digital screening can often take the place of dilation.**

Check one:

- ☐ I agree to the screening
- ☐ I do not wish to have the screening today

Patient Name: _____

Date: _____

Signature of patient or guardian: _____