

Update Questionnaire for Existing Patients

Please take the time to help us make sure we keep appropriate records and address your concerns.

Name _____ Date _____

Email _____ (we now offer notices via e-mail)

New address __yes __no (insert below) New Insurance __yes __no (insert below)

Medical History: describe any changes in treatment and conditions since your last exam including a list of current medications.

A brief description of the reasons for today's visit

REVIEW OF SYSTEMS: circle all that apply and provide a brief explanation.

Constitutional	no	yes	Ears, Nose, Mouth, Throat	no	yes
Fever, Weight Loss/Gain	n	y	Allergies/Hay Fever	n	y
Integumentary (skin)	n	y	Sinus Congestion	n	y
Neurological			Runny Nose	n	y
Headaches	n	y	Post-Nasal Drip	n	y
Migraines	n	y	Chronic Drip	n	y
Seizures	n	y	Dry Throat/Mouth	n	y
Eyes			Respiratory		
Loss of Vision	n	y	Asthma	n	y
Blurred Vision	n	y	Chronic Bronchitis	n	y
Distorted Vision/Halos	n	y	Emphysema	n	y
Loss of Side Vision	n	y			
Double Vision	n	y	Vascular/Cardiovascular		
Dryness	n	y	Diabetes	n	y
Mucous Discharge	n	y	Heart Pain	n	y
Redness	n	y	High Blood Pressure	n	y
Sandy or Gritty Feeling	n	y	Vascular Disease	n	y
Itching	n	y			
Burning	n	y	Gastrointestinal		
Foreign body Sensation	n	y	Diarrhea	n	y

Excess Tearing/Watering	n	y	Constipation	n	y
Glare/Light Sensitivity	n	y			
Eye Pain or soreness	n	y	Genitourinary		
Chronic infection	n	y	Genitals/Kidney/Bladder	n	y
Eyelid redness	n	y			
Tired eyes	n	y	Bones/Joints/Muscles		
Flashes/floaters	n	y	Rheumatoid Arthritis	n	y
			Muscle Pain	n	y
Endocrine			Joint Pain	n	y
Thyroid/Other Glands	n	y			
Lymphatic/hematologic			Allergic/Immunologic	n	y
Anemia	n	y	Psychiatric	n	y
Bleeding Problems	n	y			

Explanation

We also provide urgent care, cataract and pterygium surgery, oculoplastic and facial plastic surgery including eyelid lifts, glaucoma laser and glaucoma surgery as well as removal of vitreous floaters. I would like more information. yes no

Payment options are available on professional, surgical and material fees over \$600.00. Options include no interest, 6, and 12 month terms as well as longer terms with interest. Paperwork is minimal and no payment is required at the time of visit. I would like more information. yes no.

- | | |
|----------------------|--------------------------------------|
| • Greg Evans O.D. | Medical and refractive care |
| • Rex Yannis M.D. | Facial plastics and oculoplastics |
| • Victor Holmes M.D. | Cataract surgery, glaucoma surgeries |
| • James Johnson M.D. | Vitreous floater removal |
| • Stuart Grant O.D | Specialty contact lenses, Ortho K |

Payment Policy

Fees for Professional Services:

If you have a vision wellness exam such as VSP and your history dictated a medically necessary exam, or during the course of the exam it was apparent to the doctor that your exam involved a medical diagnosis that required management such as monitoring, treatment or additional testing, then these conditions fall outside of the definition of your contracted wellness exam. In these circumstances your medical insurance will be billed.

Fees for Eyewear:

Frame & lens fees are due on the day of ordering. If you have insurance coverage overages and co-pays are due in full prior to ordering. Please review the *Frame and Lens Policy* for details.

Fees for Contact Lenses:

Professional fees and fees for lenses are due in full prior to ordering.

Contact lenses can only be returned for credit. They must be intact, in their original packaging with no marking and returned within 30 days of receipt. Custom orders cannot be returned for credit. Fitting and assessment fees are non-refundable. Medical insurances do not cover the assessment of existing contact lenses or refitting. Wellness vision benefits such as VSP do not cover as part of their basic exam these assessments.

Retinal Imaging, Wavefront Topography, Refraction and Specular Microscopy:

These tests help us to provide a higher standard of care. Retinal imaging, wavefront refraction and topography as well as specular microscopy are included in our comprehensive exam. For vision wellness patients these tests are an additional fee. For Medicare patients these tests are included in the refraction fee except where medically necessary as defined by Medicare.

Patients with Insurance:

We accept assignment for Medicare as well as other contracted insurances. We will also bill other medical insurances provided we are network providers. Complete coverage from medical insurance is most often not the case. Any unpaid balance is your responsibility. Co-pays, deductibles, and non-insured services are considered your responsibility. For non-contracted insurances the patient must pay for the services in advance. **A statement fee of \$20.00 for each statement beyond the first will be charged. Payment for any non-insured amounts must be received within 10 days in order to not incur additional fees.**

Patient Confidentiality:

In compliance with all state and federal requirements our practice will protect personal health information from disclosure to all parties with exception of those specifically authorized by either statute or by the patient. Your e-mail may be used to contact you for office related matters only. Only the patient e-mail on record will be used to send information without your specific authorization and personal health information will only be sent upon your request.

I have read and agree to the payment policy and *Frame & Lens Policy*.

Name

Date

EXAM PLUS EXPLANATION AND CONSENT

We are committed to providing the most comprehensive examinations available. For specific patients (VSP/Kaiser/BlueVision) your wellness eye exam provided under this coverage is only a very basic exam. It does not cover testing that we routinely include for other patients, and improves our standard of care. For a small additional fee we provide this care. It includes retinal imaging, specular microscopy, wave front refraction and scanning laser topography.

EXAM PLUS RETINAL IMAGING

Retinal imaging enhances our diagnostic capability even when dilated however in many cases dilation is not required. Imaging increases our ability to detect glaucoma associated Drance hemorrhages 4x more often than a dilated retinal exam, is more sensitive at diagnosing the most common form of macular degeneration and is the recommended standard of care for diabetic patients. Images serves as a baseline for future comparisons.

EXAM PLUS SPECULAR CORNEAL MICROSCOPY

A specular microscope allows 240x corneal endothelium images. This is 5-7 times higher resolution than our best office microscopes. A specular assessment allows us to assess the health of the cornea. Below is a partial list of diagnostic conditions used with the specular microscope.

- Corneal dystrophies, medication toxicity from medications such as methytrexate, amiodarone or chloroquine
- Contact lens induced damage/changes. In fact, all our contact lens patients receive a specular scan. It is the most accurate way to assess the health of the cornea associated with contact lens wear. Contact lens fees (fitting/refitting/assessment) will be adjusted for patients with exam plus to reflect this portion of exam plus.
- Ocular diseases such as glaucoma and systemic diseases such as lupus

WAVEFRONT REFRACTION AND SCANNING LASER TOPOGRAPHY

Some insurance such as VSP now provide coverage for wave front generated lenses. Our Zeiss wave front aberrometer allows use to provide a customized prescription that not only is more accurate but also reduces high order aberrations. Correcting high order aberrations improves clarity of vision and visual acuity. Topographic mapping of the cornea helps with diagnosis surface disease such as dry eye, irregular astigmatism and keratoconus.

The Exam Plus fee (includes retinal imaging, wave front refraction, topography and specular microscopy) is \$55.50. Please indicate your choice below.

I wish to proceed with Exam Plus

Please tell me more

Signature _____ date _____