the medical eye center

Consultative ophthalmology
David A. Bellows, MD, FACS
Sara Bozorg, MD
Jason A. Hall, MD
Amy L. Hennessy, MD,MPH
George J. Shaker, MD, FACS

Glaucoma
David A. Bellows, MD, FACS
Kristen O. Bryant, OD
Melissa Ernst Brenot, OD
Jason A. Hall, MD
Amy L. Hennessy, MD, MPH
George J. Shaker, MD, FACS
Steven M. Siegal, OD

Diseases and surgery of the retina and vitreous
Maxwell D. Elia, MD
Ahad A. Fazelat, MD, MPH

Cataract surgery
Sara Bozorg, MD
Jason A. Hall, MD
Amy L. Hennessy, MD, MPH
George J. Shaker, MD, FACS

Cornea and external diseases Refractive surgery
Sara Bozorg, MD

Neuro-ophthalmology
David A. Bellows, MD, FACS

Optometry
Kristen O. Bryant, OD
Melissa Ernst Brenot, OD
Steven M. Siegal, OD

Oculofacial plastic surgery
David A. Weinberg, MD, FACS

Pediatric Ophthalmology Childhood and Adult Strabismus
Paul J. Rychwalski, MD

Practice administrator
Carole L. Dumas, MBA, COE

Asst. practice administrator
Gina M. Sychtysz

Clinical manager
Kimberly Wisniewski, COA

Dear Patient:

We are excited to welcome you to our practice! As one of the area's leading healthcare providers, we look forward to meeting all of your vision care needs.

As this is your first visit to our practice, we ask that you plan to arrive approximately fifteen minutes prior to your appointment time. This fifteen-minute period will give both you and our staff an opportunity to register you in our system and complete any necessary paperwork.

Depending on the type of examination that you need, please allow for up to two hours for dilation and any tests that may be performed. We will provide you with disposable sunglasses as you check out if you need them. However, if you are unsure of your ability to drive while dilated, you may want to bring a driver with you.

We have enclosed forms to expedite the registration process. Please complete them ahead of time and bring it with you to your appointment. In addition, please bring your current insurance card(s), your referral or authorization number (if your insurance requires this), a listing of any medications you are taking, and your current eyeglasses.

If you will not be able to make your appointment, or need to reschedule please contact us at (603) 668-2020.

We look forward to seeing you!

Sincerely,

The Doctors and Staff at The Medical Eye Center

For more information, please visit our website at www.themedicaleyecenter.com

MEDICAL HISTORY QUESTIONNAIRE

Name _____ Date of Birth _____

Please list all **major illnesses, major injuries,** and **medical conditions** you have or have had:
(Examples: diabetes, heart attack, high blood pressure, etc.)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

Have you ever had the following surgical procedures?

	Yes	No	If YES, please explain:
Carotid Artery	☐	☐	_____
Heart	☐	☐	_____
Pacemaker implanted	☐	☐	_____
Defibrillator implanted	☐	☐	_____
Lung	☐	☐	_____
Spine	☐	☐	_____
Brain	☐	☐	_____
Cancer	☐	☐	_____

Please list any **eye** surgeries you have had:

_____

_____

Have you ever had a serious **eye** injury? _____ If so, please explain: _____

_____

Please list all medications (including eye medications) you are taking (prescription & over-the-counter):

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

Are you allergic to any medications? _____ If so, please list: _____

_____

Are you allergic to latex? _____

See Back

We are concerned about your **general health** as problems elsewhere in the body may affect the health of your eyes and vision. Do you ***currently*** have any problems in the following areas?

	Yes	No	If YES, please explain:
Chronic fever, unexpected weight loss/gain, fatigue	☐	☐	_____
High blood pressure, heart disease	☐	☐	_____
Neurologic (multiple sclerosis, Parkinson's, Alzheimer's)	☐	☐	_____
Diabetes, thyroid problems	☐	☐	_____
Breathing problems, emphysema, bronchitis, asthma	☐	☐	_____
Stomach problems, abdominal pain, heartburn, diarrhea	☐	☐	_____
Blood/lymph problems, cholesterolemia, anemia, etc.	☐	☐	_____
Ear, nose, mouth, or throat problems	☐	☐	_____
Genital, kidney, bladder, prostate problems, jaundice, etc.	☐	☐	_____
Arthritis, muscle aches, joint pain, swollen joints	☐	☐	_____
Rashes, excessive dry skin	☐	☐	_____
Depression, anxiety	☐	☐	_____
Allergies/Immunologic, itching, hives, lupus, etc.	☐	☐	_____

Family History (please circle any that apply and their relationship to you)

Glaucoma

Macular Degeneration

Retinal Disorders

Lazy Eye/Cross-eye

Blindness

Diabetes

Social History:

Occupation: _____

Do you use tobacco (including smokeless tobacco)? Yes ☐ No ☐

Do you use alcohol? Yes ☐ No ☐

Financial Policy

The physicians and staff at The Medical Eye Center are dedicated to meeting the needs of our patients. Please review our financial policy and your specific insurance plan to determine what your financial and referral responsibilities are as a patient of a specialty eye practice. Our staff is available to answer your questions. However, we cannot know specific coverage information for all insurance plans.

INSURANCE COVERAGE

Our specialty eye practice participates with Medicare, Medicaid and most insurance plans. Please have your specific insurance plan information ready for us when you arrive for your first appointment.

- Does your insurance require a referral to be seen here?
- We will submit claims to both your primary and secondary insurance carriers.
- All insurance information will be reviewed at each appointment. It is your responsibility to update our records anytime your insurance coverage changes.
- CO-PAYS AND DEDUCTIBLES: If your insurance plan has assigned you a CO-PAY amount, that amount and payment of all non-covered services are **due at the time of service**. If your insurance plan requires you to meet an annual deductible, you will be responsible for payment in full for the date of service until you have met your deductible.
- MEDICARE B: Each calendar year, you will be responsible for payment-in-full for the date of your service until you have met the annual Medicare Part B deductible. After that time, you will be responsible for 20% of covered services at each visit unless you have secondary insurance to Medicare B. Please let us know this at your first visit.
- ROUTINE VISION EXAMS AND REFRACTIONS: A **"routine"** vision exam often contains the same elements as a "medical" eye exam. However, the reason for being seen and the results of the examination often determine whether insurance will classify the exam as routine or medical. The difference is determined by the reason for the visit, such as symptoms and complaints, and also the patient's diagnosis. Routine vision examinations are not covered by Medicare, and other insurances may or may not cover a routine vision exam based on your policy. A **refraction** is a procedure to determine your vision correction needs and to prescribe your lenses. This is a non-covered service by Medicare and most other insurances.

INSURANCE REFERRALS

The Medical Eye Center is a specialty practice. All HMO and Managed Care Insurance Plans require their members to secure a referral from the Primary Care Physician (PCP) listed on the member's insurance card in order to pay for services. Without a referral, you will be responsible for payment of all services denied by your Insurance Plan.

- All referrals should be received at our office in advance of your appointment.
- If you have not secured the appropriate referral at the time of your appointment we will ask that you:
  - Call your PCP to obtain the necessary information
  - Complete and sign our Waiver Form
- You may also reschedule your appointment until your Insurance Plans' referral requirements are met.

SELF-PAY OR COMMERCIAL INSURANCE PLANS

Patients who do not have insurance and/or have plans which we do not participate with are required to make full payment at the time of service. We accept cash, checks, and most major credit and debit cards.

If unable to pay in full, self-pay patients will be asked to pay $150 at the time of their office visit, which will be applied to the actual charges for services provided and as a courtesy we will bill you for any remaining balance. In the event that surgical services are rendered, patients will be asked to pay 50% prior to the services being provided. It is the patient's responsibility to contact the billing department if unable to pay the account in full.

Anyone who is making regular payments on their accounts via a payment arrangement will continue to receive all services provided by The Medical Eye Center. However, if payment is not received, or if payments are consistently untimely, a collection agency may be utilized. Patients who have not made regular payments in 90 days will be dismissed from the practice.

FINANCIAL HARDSHIPS: Our physicians are committed to providing for your eye care needs and our billing office can assist any patient who is experiencing financial hardship. If you are unable to make a payment in full, it is important that you speak with a member of our billing staff to make payment arrangements on your account.

FINANCIAL POLICY (Please read all items below carefully):

I understand and agree that I am responsible for all charges pertaining to my medical care, regardless of my insurance status. I have read, understand and agree to the Financial Policy. I have completed the patient information forms and the information is true and correct to the best of my knowledge. I will notify you of any changes.

REFERRALS: All HMO and Managed Care Insurance Plans require their members to secure a referral from the Primary Care Physician (PCP) listed on the member's insurance card in order to pay for services. I understand that it is my responsibility to obtain a referral if it is required by my insurance company. I will be responsible for all charges if I am seen without a referral. Without a referral, I will be responsible for payment of all services denied by my Insurance Plan.

ROUTINE VISION EXAMS: A "routine" vision exam often contains the same elements as a "medical" eye exam. However, the reason for being seen and the results of the examination often determine whether insurance will classify the exam as routine or medical. The difference is determined by the reason for the visit, such as symptoms and complaints, and also the patient's diagnosis. Routine vision examinations are not covered by Medicare, and other insurances may or may not cover a routine vision exam based on your policy. Your medical insurance may cover a medical eye problem, but not pay for the exam if it is a "routine" eye exam.

REFRACTIONS: A refraction is a test to determine the refractive error of an eye and the best corrective lenses to be prescribed. It is an essential part of an eye examination and necessary to write a prescription for glasses. Most medical insurance plans, including Medicare, DO NOT COVER refractions or routine eye exams. Since it is a non-covered service, it is a separately charged portion of the examination. Our office fee for a refraction is $50.00 and this fee is collected at the time of service in addition to any copayment your plan may require.

INSURANCE AUTHORIZATION AND CONSENT: I request that payment of authorized insurance benefits may be made to The Medical Eye Center, P.C. for services rendered. I authorize any holder of medical information about me to release to my insurance carrier(s) and its agents any information needed to determine the benefits payable for related services. This agreement is valid for any services The Medical Eye Center provides during my lifetime. I understand that there are some services provided by The Medical Eye Center that may not be covered by my insurance carrier(s). I understand that I am responsible for any amount not covered by my insurance, including co-payments (**which are due at the time of service**) and/or deductibles.

By signing below, I acknowledge that I have read or have been read to and understand these policies and authorizations.

Print Name of Patient	Signature (Patient or Representative)	Date

Note: If you are a guardian or power of attorney for the patient listed above, please provide appropriate legal documentation