

Patient's name: _____ **Date:** _____

Privacy Policy

As we are providing services for you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for services, and to conduct healthcare operations involving our office. The Notice of Privacy Practices describes these uses and disclosures in detail. I acknowledge that I have been offered and/or received a copy of the Notice of Privacy Practices from Burke Optometry.

_____ initials

Financial Disclaimers & Liability

We will assist in the billing of your insurance and need to have accurate insurance information provided to us. We will also attempt to verify your plan eligibility for services and/or materials before your appointment. If you have coverage through multiple vision care plans, please provide us that information so we may check eligibility and obtain authorizations in advance. *Verification of eligibility is done as a courtesy only and is not a guarantee of payment.* I authorize my plan carrier to directly pay Burke Optometry. I also authorize Burke Optometry to release any information required for payment to be made. *I understand that any outstanding balances, co-payments, co-insurances, deductibles and non-covered services are my responsibility.* Please note that returned checks are subject to a \$25.00 re-deposit and reprocessing fee. Burke Optometry reserves the right to charge a \$30.00 no-show fee for any appointment not canceled or rescheduled at least 24 hours in advance. If I or a member of my household misses an appointment, I understand my credit card information will be kept in the vault and used to collect future missed appointment fees.

_____ initials

Refraction Fee

The testing done to determine your lens prescription is called refraction. Our fee for refraction is \$50.00. Vision care plans such as VSP, EyeMed, MES Vision, and Superior Vision pay the refraction fee as part of a routine eye examination. Medical insurances, including Medicare, do not include routine vision benefits and *do not cover the refraction fee.* If my medical insurance is billed, I will pay the refraction fee.

_____ initials

Medical Insurance vs. Vision Plan Billing

We will bill the coverage appropriate for your visit. If we are providers of your medical insurance and you are found to have issues that are primarily health-related for your eyes or overall health, we will bill your medical coverage. If the primary findings are related to a need for corrective lenses, we will bill your vision plan. I understand that the findings of the exam will determine what coverage is billed. Also, I may use available vision plan allowances for materials even if this is determined to be primarily a medical office visit.

_____ initials

Permission to market

_____ I give permission to use my email address and/or mailing address to send notice of special events, including the annual frame show.

My signature below verifies that I understand this agreement.

Signature of patient (or signature of parent or legal guardian for a minor patient)

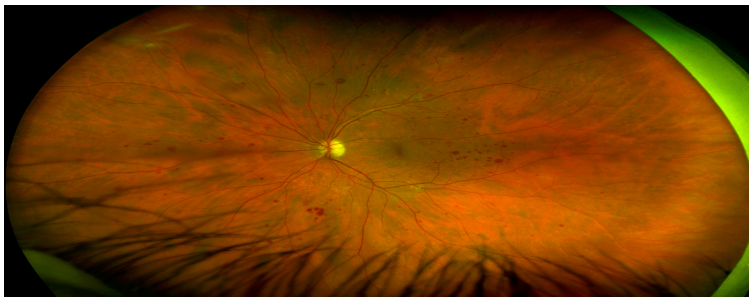
We accept cash, personal checks and most credit & debit cards. We also participate with Care Credit financing.



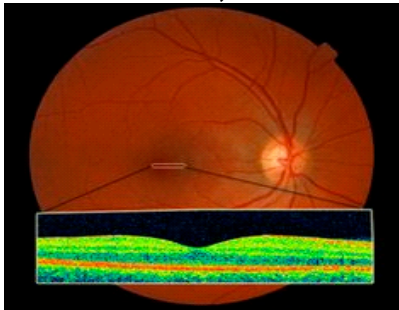
Optomap ultra-wide image of normal, healthy eye:



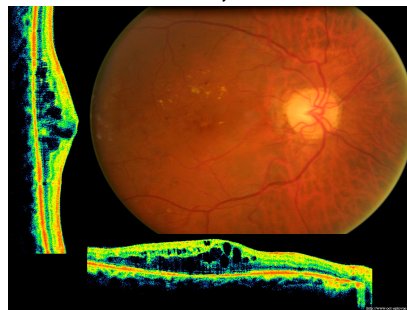
Optomap ultra-wide image, example of diabetic retinopathy:



Zeiss Cirrus OCT, Normal macula:



Zeiss Cirrus OCT, Diabetic edema:



Digital Retinal Imaging (DRI):

In addition to your comprehensive eye exam today, we will be taking digital images of the internal structures at the back of your eyes. The new **Optomap** provides a wide-angle photographic image of the retina and usually does not require pupil dilation. Having this image in your medical record allows your doctor to make comparisons should potential vision threatening conditions show themselves at a future time. The doctor will review the images and share the 3D view of the inside of your eye during your exam. **The doctors believe this imaging improves the quality of your eye health exam and recommend it for all patients as part of the pretest workup.**

After the age of 40, we also recommend the **Zeiss Cirrus OCT** imaging which provides the doctor with valuable information about the layers within the central retina (macula) and the health of the optic nerve. Early detection of conditions such as macular degeneration, diabetic retinopathy and glaucoma can help maintain your vision and improve treatment options. Infrequently, we will recommend this image for a young person (normative data available starting at age 18 yrs). At this time, most insurances do not cover screening.

I **agree** to the Optomap retinal screening for \$25 (valued at \$80) _____ initials

I **agree** to having **both** screening images taken for \$39 (valued at \$130) _____ initials

I would like to discuss imaging with the doctor first. I understand this may prolong my visit. _____ initials