

HEART OF AMERICA EYE CARE, P.A.

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Due to many changes with insurance plans and from healthcare reform, NOT all insurance plans cover a routine eye/vision exam. It is the responsibility of the insured to know the EXACT benefits of their insurance plan. You must inform us whether your visit will be a medical exam or a routine vision exam.

NO CHANGES CAN BE MADE AFTER THE EXAM IS COMPLETED.

MEDICAL (i.e. diabetes, cataracts, glaucoma, red eye, floaters)

ROUTINE VISION (i.e. glasses, contact lens evaluation)

DO YOU HAVE A VISION PLAN? VSP Eyemed Spectera VCP
(circle)

Primary Member _____

Birth Date _____ SSN _____

Please provide ALL of your insurance cards at your appointment.

We will file the insurance you designate and cannot re-file after your date of service.

Signature

Date