

WELCOME TO HEART OF AMERICA EYE CARE

PATIENT INFORMATION

Last Name _____ First Name _____ MI _____
Birth Date _____ Gender: M F Marital Status: S M D W
Address _____ City _____ State _____ Zip _____
Social Security # _____ Email* _____
Phone: HOME _____ CELL _____ WORK _____
Check preferred contact number
Race _____ Ethnicity: Hispanic/Latino Other Decline to answer
Primary Language: English Spanish Other _____
Primary Care Physician _____ Address _____ Phone _____
Preferred Pharmacy _____ Address _____

EMERGENCY INFORMATION

Contact Name _____ Relationship _____
Phone: H C W (circle) _____ H C W (circle) _____

PATIENT EMPLOYMENT INFORMATION

Employer _____ Occupation _____
Address _____ City _____ State _____ Zip _____

How did you hear about us? Internet Friend/family Doctor Other _____

With whom may we speak about financial statements, test results, or other services provided by our office regarding your medical treatment? *(list all that apply)*

Name(s)/relationship: _____ **No one**

All professional services rendered are charged to the patient. Necessary forms will be completed to help expedite insurance carrier payments; however, the patient is responsible for all fees, regardless of insurance coverage. It is also customary to pay for services when rendered, unless other arrangements have been made in advance.

AUTHORIZATION: I request that payment of authorized Medicare/other insurance company benefits be made either to me or on my behalf to Heart of America Eye Care, P.A. for any services furnished to me by that party who accepts assignment/physician. Regulations pertaining to Medicare assignment of benefits apply. I authorize any holder of medical or other information about me to release to the Social Security Administration and Centers for Medicare and Medicaid services or its intermediaries or carriers any information needed for this or related to a Medicare/other insurance company claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or to the party who accepts assignment. I understand it is mandatory to notify the healthcare provider or any other party may be responsible for paying for my treatment.

We may use your email address to send you appointment reminders or information about our practice and specials. However, we will not share your email address with any other person or organization.

- I acknowledge receipt of notice of privacy practices.
- I authorize Heart of America to view my prescription from external sources.
- I acknowledge that I have read and understand the office policies, including insurance information.

Patient Signature _____ Date _____ *

*Or signature of parent or legal guardian if patient is under 18 years of age. *Signature valid for one year.*

Patients under 18 must have a parent/guardian present at exam OR written consent/Minor Consent Form.

HEART OF AMERICA EYE CARE

Medical History

Name _____ Birth date _____ Today's date _____

Why are you here today? _____

➡ Circle "S" if you have the condition or "F" if a family member has the condition:

EYE		S	Ulcerative colitis		
S	F	Cataracts	S	Abdominal pain	
S	F	Glaucoma	S		
S		Dry eyes		URINARY	
S	F	Macular degeneration	S	Enlarged prostate	
S	F	Retinal tear/detachment	S	Blood in urine	
S	F	Fuch's Dystrophy	S	Excessive urination	
S	F	Lazy eye/strabismus	S	Pain w/ urination	
S		Prior LASIK/PRK/RK			
HEART		S	F	IMMUNOLOGIC	
S	F	High blood pressure	S	Rheumatoid arthritis	
S	F	Coronary artery disease	S	F	Sjogren's syndrome
S	F	Congestive heart failure	S	F	Lupus
S	F	Irregular heart beat	S	F	Sarcoidosis
S		Chest pain	S		Juvenile rheumatoid arthritis
S		Vascular problems	S	F	Ankylosing spondylitis
RESPIRATORY		S	F	HLA-B27	
S		Asthma	S	F	Myasthenia gravis
S		COPD/emphysema		EAR, NOSE, THROAT	
S		Sleep apnea	S	Seasonal allergies	
S		Shortness of breath	S	Hearing loss	
S		Wheezing	S	Sinus problems	
S		Coughing	S	Sore throat	
ENDOCRINE		S		SKIN DISORDERS	
S	F	High cholesterol	S	Rosacea	
S		Type 1 diabetes since _____	S	Eczema	
S	F	Type 2 diabetes since _____	S	Excessive dry skin	
S		Thyroid disorder		GASTROINTESTINAL	
S	F	Grave's disease	S	Acid reflux	
			S	Ulcers	
			S	Crohn's disease	

Other conditions not listed above _____

Eye medications/drops _____

Other medications (or attach list) _____

Allergies (medications, food, etc) _____

Eye surgeries _____

Major surgeries (with date); minor surgeries in last 5 years _____

Do you smoke? Never Current Former _____ packs/day for _____ years (quit _____ yrs ago)

Do you drink alcohol? No Rare Yes _____ drinks per (circle): day week month

Routine vs. Medical Eye Exams

Your reason for being seen at Heart of America Eye Care and the results of your examination determine whether your insurance company will classify the exam as “routine” or “medical.”

What is a routine eye exam?

A routine eye exam is defined by insurance companies as an exam for the purpose of checking vision, screening for eye disease, and/or updating eyeglass or contact lens prescriptions. Routine eye exams produce a final diagnosis such as *nearsightedness, farsightedness, or astigmatism*.

Most vision insurance plans do not cover contact lens evaluations. This fee is collected to evaluate the health of your eye for contact lens wear and to update your contact lens prescription.

What is a medical eye exam?

A medical eye exam produces a diagnosis such as *conjunctivitis, dry eyes, glaucoma, or cataracts*, to name a few. A medical eye exam is also indicated if you have a medical condition that could affect the health of your eyes, such as *diabetes*. Exams for assessment and treatment of an eye complaint, or to follow up on an existing medical eye condition are also billed to your medical insurance plan.

Refraction fees

A refraction is the part of an office visit that determines your eyeglass prescription. It typically involves questions like, “Which is clearer - option one or option two?” as different lens combinations are shown to you. Refraction fees are never covered by Medicare, *even though* a refraction is often necessary for the proper evaluation of an eye condition or problem.

What is the difference between a routine and medical eye exam?

We are often asked about the difference between medical and routine eye exams. Both may include the same components, such as refraction, intraocular pressure testing, dilation, and a personal examination by an eye care professional. Optometrists and ophthalmologists perform both medical and routine eye exams.

However, a routine eye exam involves no discussion of medical diagnoses or treatment plans for problems. If someone has eye problems or conditions that require discussion, additional testing, treatment plans, or follow-up visits, then that exam should be submitted as a medical exam.

Examples

- If you’re seeing the doctor because you’re having trouble with blurry vision and you are diagnosed with nearsightedness, that’s a routine exam.

- If you're seeing the doctor because you're having trouble with blurry vision and your doctor discovers that you have cataracts, then your exam becomes a medical exam.
- If you're seeing the doctor because your eye is red and irritated, that's a medical exam.
- Exams related only to glasses or contact lens prescriptions are considered routine exams.

Types of plans for eye exams

- **Vision insurance plans (e.g., VSP, Eyemed, Spectera)** - cover routine eye exams and refractions, often have some benefits for eyeglass or contact lens purchases.
- **Medical insurance plans (e.g., Aetna, Humana, United)** - cover medical eye exams. Some of them also have routine eye exam benefits every 1-2 years. Occasionally, they will cover a refraction.
- **Medicare** - covers medical eye exams *ONLY*. Medicare *NEVER* pays for refractions.

Keep these things in mind

- Your eye doctor is legally bound by your insurance carrier to follow certain healthcare guidelines regarding billing your insurance. A **medical eye exam** should be submitted to your medical insurance, while a **routine vision exam** should be submitted to your vision coverage, or to you (if you are self-pay).
- Many health plans have copayments, coinsurance and deductibles that must be met before your insurance will pay any amount towards your charges.
- Please bear in mind that it is the patient's responsibility for knowing coverage. Check with your insurance carrier prior to your office visit to find out if you have vision benefits (and what they are), to confirm that our doctors are classified as providers in your plan, and to determine if refractions are covered under your plan.
- ***Even if you have a vision insurance plan or routine eye exam benefits, we may not be able to file your exam to that insurance.***
- If you have any questions, please call our billing department at 913-362-3210.