

HIPAA compliance policy, dilation drops explained & payment policy

Patient's Name: _____

Guardian's name & relation if a minor: _____ & _____

Acknowledge the "Notice of Privacy Practices" was made available with your initials here: _____

Are you followed by another eye doctor?: No Yes, name: _____

Indications for dilation include but are not limited to: pertinent family/personal medical history, recent injury, abnormal tests results, or lack of preventative care within 3 years. Not having a dilated eye exam when indicated and/or failing to attend a medical office visit may be detrimental to both your health and your vision.

Dilation is an important part of an eye exam. It opens the pupil to better evaluate eye health, but it has temporary side effects: Light sensitivity & blurred near vision that may last up to six hours. Please, only drive once comfortable with your vision.

Pupil dilation is not recommended for patients who are pregnant, nursing, or allergic/sensitive to the dilating agents (proparacaine, phenylephrine/hydroxy-amphetamine hydrobromide, & tropicamide).

Primary care physician & pharmacy:

Doctor Name: _____

Practice Name: _____

Office Phone: _____

Office Fax: _____

Pharmacy: _____

(Name and location)

Initial which best represents your wishes:

_____ I **don't want** dilation eye drops today.
If dilation is indicated, I shall schedule it to be done at a later date.

_____ **Discuss** dilation more with my doctor **if medically indicated.** I understand this may add up to 35 minutes to today's examination.

I authorize and request my insurance company pay directly to the doctor insurance benefits otherwise payable to me for any covered services that can be submitted to my carrier.

I acknowledge that whenever possible, medical insurance will be billed for medical office visits along with any associated procedures and that wellness visits will be billed to vision plans.

I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or on behalf of my dependents.

The reason(s) I am here for an eye exam today (check all that apply):

Yearly Eye Exam Eyeglasses Contact Lenses Medical Office Visit

My signature here confirms the acknowledgements, choices, and authorizations above:

Signature: _____ Date: ____/____/____

Give your i-care visit some 4-thought


Mark all distances you wear correction: Far Reading Computer None

Grade your vision **with your current vision correction** for each distance:

Far: Acceptable May need improvement Blurred

Near/Read: Acceptable May need improvement Blurred

Computer: Acceptable May need improvement Blurred

✓ all  that apply: score: (____)

How often do you experience:	All the time (4)	Most times (3)	Half the time (2)	Some times (1)	Never (0)
Itchy eyes?					
Eye redness?					
Watery eyes (tearing)?					
Gritty/sandy sensation?					
Fluctuating vision?					

✓ all  that you're experiencing now:

	Discharge		Bothersome Glare
	Burning		Poor Night Vision
	Eyestrain		Light Sensitivity
	Eye pain		Double Vision
	Headache		Total Vision Loss
	Other: _____		None of these

Select  the iHealth Wellness Package or Retina Photo Only:

iHealth Wellness Package (\$68 for all applicable tests)

The doctor requests the package **EVERY 1 TO 3 YEARS** & stresses its importance for **ALL NEW PATIENTS** because it is the best way to assess eye health. It saves you money (\$126 value), time (dilate less often), and when compared year to year for change it could **save your sight!**

Retina Photo Only (\$39 = vision plan copay amount)

If you decline the above package please opt for the retina photo once a year **EVERY YEAR**

It is the one best way at a wellness visit to check for conditions of the eye that affect the body like high blood pressure, diabetes, high cholesterol, and cancer of the eye (although incidence is rare it can strike at any age, and because of pupil size, children are at greater risk for melanoma than older adults).

At any time you may request a test be done a la carte at the retail rate.