

Wellness Package (Additional Testing)

As part of a Comprehensive Eye Examination, our office utilizes advanced technologies to create a photographic record of your retina. Our Wellness package provides the doctor with a full digital image of the central retina (the back of the eye) and its structures (the optic nerve, macula, and main blood vessels). The *OPTOMAP* allows us to see the variations in the eye's structure while the *OCT* allows us to have an in-depth view of the retinal layers (where disease can start).

Our doctors recommend these scans on all patients because there are normal variations in these eye structures from person to person, and it is good to have a record of each patient's eye to monitor for gradual changes over time. These are also highly recommended if a patient has a family history of eye disease. Many eye diseases cause slow structural changes over time. Having a reference image allows your doctor to more accurately identify changes in your eye structures and treat diseases at an earlier stage.

We must identify changes early as there are usually no symptoms of damage until significant vision loss has occurred.

How do these tests benefit you?

- These images may detect undiagnosed eye disease
- They provide your doctor with the best possible information to diagnose, manage, and treat eye disease.
- They are permanent, detailed records of your eye health and general health.
- They can be transferred to other doctors almost instantly

If the doctor determines that you need more extensive medical testing, this will be discussed during your exam. Some examples of when additional testing would be necessary include patients with Diabetes, Glaucoma, Macular Degeneration, or abnormal examination findings. These additional tests should be covered by your medical insurance but are subject to your normal medical copay, deductible, or coinsurance. **If you have medical complaints, are diabetic, or seeing flashes or floaters you will be dilated.**

Because we feel the wellness package is important, the fee has been discounted to \$69 for both scans and is not covered by insurance.
Individually the scans are \$39.

Please initial for your selection of the scan options:

Initial: _____ I wish to have the Wellness Package today (\$69.00)

Initial: _____ I wish to have the OPTOMAP only today (\$39.00)

Initial: _____ I wish to have the OCT only today (\$39.00) (You will be dilated for this option)

I have read and understand the importance of these scans:

Patient Signature: _____ Date: _____

A contact lens exam will require an evaluation and additional measurements taken by our doctors.

The contact lens evaluation is a separate fee that is required to be paid on the date of service. Some insurances will cover this service and we will gladly file this on your behalf. We require that most contact lens evaluations are finalized within 45 days from the contact lens evaluation bill date. After 45 days there will be a charge for an office visit, refraction, and re-evaluation. Contact lens evaluations start at \$79.00 and range up to \$125.00 depending on what lens the doctor feels is best for your visual needs. Medical contact lens evaluation fees are determined based on the type of lens necessary.

Vision vs. Medical Plans: Which insurance will be used for my visit?

Vision plans are mainly designed to cover a routine eye examination (in a healthy patient that has no particular problem or symptom), a prescription for glasses, and to help pay for glasses or contact lenses. It is not equipped to deal with and does not usually cover medical conditions and/or treatment plans. When a medical condition is present that affects your eyes, such as high blood pressure, high cholesterol, diabetes, or you have an eye problem such as an infection, dry eyes, allergy, or cataracts, we often file the claim with your **medical plan**. Co-pays and deductibles for your medical plan will apply when your medical plan is utilized. In most cases, there is no way to know before your examination which type of insurance our office will be able to file for you. **Please address your concerns about your insurance to our staff before testing.**

Privacy Policy and the Insurance and Billing Practices

I understand that in an attempt to protect the privacy of my identifiable health information, Tippett EyeCare has established a Privacy Notice outlining the privacy policies and practices within their office. Following HIPAA regulations, a copy of the Tippett EyeCare Privacy Notice has been made available to me while in the office today. I have been informed that I may request a copy of these policies at any time.

As a courtesy to our patients, we file most vision and medical insurance claims. I understand that I am financially responsible for all charges incurred if my insurance denied payment. I also understand any services not covered by my plan, that I am responsible for payment will be collected at the time of service. Unpaid services may result in collections with additional fees.

PATIENTS READ AND SIGN THE AGREEMENT:

1. I have received a copy of my finalized Contact Lens Prescription or agree that it can be digitally transmitted.
2. I have had the opportunity to receive the Notice of Privacy Practices and Financial Policy.
3. I hereby give my consent for Tippett EyeCare to evaluate and treat the patient listed below.
4. I understand that my personal health information will be used for treatment, payment, and the coordination of my health care needs.

Patient Name (printed): _____ Date: _____

Patient or Responsible Party Signature: _____

I authorize Tippett EyeCare to share my related identifiable health information with the following people: