



8089 Callaghan @ IH10  
San Antonio, TX 78230  
210-342-1228

**Patient Registration**

(Please Print)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Social Security # \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Married  Single  Divorced  Widowed  Other: \_\_\_\_\_

Who may we thank for your referral? \_\_\_\_\_

If no referral, how did you hear about us?

- Location  Phone Book  Google  Friend  Insurance Company
- Other Dr. \_\_\_\_\_  Other \_\_\_\_\_

Is anyone else in your family a patient?  Y  N Who? \_\_\_\_\_

Name of Vision Insurance Company: \_\_\_\_\_

Policy/ID # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Primary if other than patient: \_\_\_\_\_

Primary's DOB: \_\_\_\_\_ Primary's SSN: \_\_\_\_\_

Primary's Place of Employment: \_\_\_\_\_

Medical or Secondary Insurance: \_\_\_\_\_



### Optomap

The Optomap (digital image of the retina) will be done annually for every patient in order to offer the most comprehensive eye care. All our doctors want all patients to have a digital image of the retina annually with the new scanning digital imaging system. Normally this photo would be \$135, but because all our doctors believe so much in providing you the most comprehensive eye care the price has been reduced to \$20.

Retinal problems such as macular degeneration, glaucoma, retinal holes, retinal detachments, diabetic retinopathy, and many other diseases can now be seen without dilation for most patients.

**Early detection is crucial!** This is not an optional service and if you decide you don't want the service we kindly ask you seek your eye care needs with another provider.

### Financial Policy

We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. In order to reduce confusion and misunderstanding, we have adopted the following policy: We will bill insurance plans with whom we participate, and will only require you to pay the authorized co-pay, coinsurance, and deductible which is due at the time of service. You are responsible for payment for any unpaid balance by your insurance company. Any returned checks and outstanding balance are subject to collection placement and collection fees. **You are ultimately responsible to know your own insurance policy and its limitations.**

### Insurance Authorization and Assignment of Benefits

I certify that the information that I have reported with regards to my insurance coverage is correct. I also authorize the release of any medical information necessary to process a claim. I also authorize payment of medical benefits to Advanced Eye Care for services provided to me. I understand that I am financially responsible for any and all charges not covered by my plan or not paid by my policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medicare Patients

Medicare does not pay for all your health costs and only pays for covered items and services when Medicare rules are met. Medicare does not cover for a wellness exam, there must be a medical reason justifying your visit for Medicare to cover an exam. The fact that Medicare may not pay for a particular item or service does NOT mean that you should not receive it. Your doctor may recommend an item or service even though it is not a covered item by Medicare.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Patient Acknowledgement Form

Our "Notice of Privacy Practices" provides information about how we may use and disclose protected health information (PHI) about you. It applies to the information and records we have about your health, health status, and the health care and services you receive at this office. The date of the most recent Notice will appear at the top of the "Notice of Privacy Practices". By signing this form, you are simply acknowledging that you have been offered or have received a copy of our "Notice of Privacy Practices".

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Refraction Policy**

Refraction is the process of determining the eye's refractive error, or need for corrective spectacle and/or contact lenses. It is an essential part of an eye exam, but it is **NOT** a covered service by Medicare and most insurance plans. Our office fee for refraction is \$45 and this fee is collected in addition to the patient's exam co-pay. If your insurance offers a discount for this service that discount will be applied to the refraction fee.

### **Acknowledgment**

I have read the above information and understand that the refraction is a non-covered service. The co-pay is separate from and not included in the refractive fee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Contact Lens Fitting Fee**

Current contact lens technology offers successful contact lens wear to most of our patients. Because contact lenses are medical devices placed on the eyes, they require expert fitting and careful instruction, as well as conscientious care and compliance with recommended follow-up examinations to maintain healthy functioning of your eyes.

It is the law and our policy that all contact wearers are seen every year for a contact lens examination. There is a fee associated with contact lens fitting. This charge is in addition to the cost of the comprehensive exam. **The fitting fee, which includes follow-up care within the first 60 days, is determined by the type of lenses prescribed, the difficulty of the fit, and whether or not the patient is a first time contact lens wearer. THIS FEE IS NON REFUNDABLE AND DUE AT THE TIME OF SERVICE.** The Contact Lens Fitting begins when the doctor comes up with the initial prescription not when you try on the contact lens. We can discuss lens options and prices in more detail once the initial examination is completed.

### **Refunds**

There will be NO refund of the comprehensive eye exam, contact lens fitting(any level), or professional fees.

There will be NO refund on custom lenses, opened boxes of any type of lenses, colored contact lens because of dissatisfaction with the color.

### **Glasses Made Elsewhere, PD Measurements, and Online Policy**

We will be more than happy to check and diagnose problems with glasses made either online or at another optical. The charge for rendering this service is \$35. If after paying for this service you decide to have a pair of glasses made here at Advanced Eye Care we will credit your \$35 towards the purchase of your new glasses.

If you would like your measurements to purchase glasses online the fee is \$35 and will include verifying and adjusting the glasses for you once you receive them.

### **Missed Appointments**

Kindly give us at least 24 hours notice if you are unable to keep your appointment. **\$35** for missed appointments or without 24 hours notice will be billed.