

Dr. Barry Adler Dr. Daniel Stamps Dr. Hiten Prajapati

Today's Date _____ Social Security # _____
 Patient Name _____ Birthdate _____ Age _____
 Mailing Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ E-mail Address _____
 Emergency Contact/Phone _____
 Employer _____
 Whom may we thank for referring you to our office? _____

If not referred, how did you choose our office for you eye care needs?

Another Doctor: Name/Practice: _____
 Insurance _____
 Internet: Web site/Search Engine: _____
 Yellow Pages _____

INSURANCE/PAYMENT INFORMATION

The doctors and staff of Adler Eye Associates, O.D., P.A. are pleased that you have chosen us for your eye care needs. We wish for our patients to know that payment for professional services are the sole responsibility of the patient and are due the day services are provided. Payment for eyeglasses and contact lenses is due in full the day the materials are ordered. For your convenience we accept cash, checks, debit cards, American Express, Visa, MasterCard, and Discover.

We are providers for a wide array of insurance plans and will be happy to file the claims on your behalf for those plans. We will do all we can to help you receive maximum benefits. However, **INSURANCE INFORMATION MUST BE PRESENTED AT TIME OF SERVICE. OUR OFFICE CAN NOT ACCEPT RESPONSIBILITY OF FILING CLAIMS AFTER SERVICE IS COMPLETED.** For patients with insurance plans for which we are not providers, we ask that you make payment in full when services are rendered. An itemized statement of your charges will be provided for you to file your claim.

In the event that the Plan Sponsor determines that you are not eligible at the time of service, or makes a determination that you are eligible for a reduced level of coverage, by signing this statement, you do hereby agree to be financially responsible for any and all of the charges incurred by you and not paid by the Plan Sponsor. Please keep in mind, **VERIFICATION OF INSURANCE DOES NOT GAURANTEE PAYMENT OF BENEFITS!**

I have read and understand the payment policy of Adler Eye Associates, O.D., P.A.

 Patient Signature Date

Vision Plan _____ Insured Name _____

Subscriber ID# _____ Do you have Medicare? _____ Medigap? _____

How will your account be settled today? Cash Check MasterCard/Visa/AMEX/Discover

LIFESTYLE QUESTIONS

Do you . . . (Check all that apply)

- Work at a computer?
- Have an interest in purchasing new eyeglasses?
- Think you would benefit from thinner, lighter lenses?
- Spend time outdoors?
- Have prescription sunglasses?
- Currently or previously worn contact lenses?
- Have an interest in bifocal contact lenses?
- Have an interest in colored contact lenses?
- Want information about refractive surgery?
- Have family members in need of eye care?



GDx VCC

OPTOMAP RETINAL EXAM

Dr. Adler, Dr. Stamps, and Dr. Prajapati are proud to provide our patients with the most highly advanced technology available in retinal screening today! Our ability to view your internal retinal health is now dramatically improved with the Optomap and the GDx VCC screening.

We are concerned about retinal problems such as macular degeneration, glaucoma, retinal holes or detachments, and also systemic diseases such as diabetes, heart disease, high blood pressure and cancer (all of which can lead to partial loss of vision or blindness). These conditions may develop without warning and progress with no symptoms.

Your vision insurance plan does not cover the cost of advanced diagnostic technology such as the Optomap or the GDx VCC. However, Dr. Adler, Dr. Stamps, and Dr. Prajapati would like for all their patients to have an Optomap and GDx VCC screening at each eye exam. The additional fee for these state-of-the-art screenings is only \$50.00.

In some cases, the Doctors may want to document a known medical condition with an Optomap and written report. The fee for this type of Optomap is \$76.00 and may, in most cases be covered by your major medical insurance. In some cases, a more extensive GDx VCC exam may be required. This will be discussed with you if it applies. If you have flexible medical spending account, both of the above procedures should be reimbursable.

I elect to have an Optomap and GDx VCC screening of my retina. I understand that my vision insurance will not pay for these optional screenings.

Patient Signature: _____ Date: _____

If you decline the Optomap and GDx VCC screening exam you may be limiting our ability to perform the most extensive analysis of your retinal health and document it in a matter which is most consistent and reliable.

I decline the Optomap and GDx VCC exam.

Patient Signature: _____ Date: _____

PUPIL DILATION

If you decline the Optomap Retinal Exam, it will be necessary to put drops in your eyes to make your pupils larger in order to check the health of your retina. The effects of the dilation will last three to four hours and may cause your near vision to be blurry and you will have an increased sensitivity to light. The dilation is a part of the comprehensive eye exam. You will be provided with a pair of disposable sunglasses, if needed, for your comfort.

I prefer to have the dilation today I prefer to have the Optomap in lieu of the dilation

I prefer to reschedule the dilation for another day

AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

I authorize release of any information concerning my (or my child's) health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I also hereby authorize payment of insurance benefits otherwise payable to me directly to the doctor. I also acknowledge that Adler Eye Associates, O.D., P.A. Notice of Privacy Practices is available to me in the waiting room at any time and copies will be given upon request.

Patient/Guardian Signature _____ Date _____

