

La Grange Eye Care

657 E Travis, Suite B
La Grange, Texas 78945

Patient Information (Please Print)

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Marital Status: M S D W Gender: Male Female Date of Birth ___/___/___ Age _____

Social Security Number _____ Home Phone _____ Cell Phone _____

Email Address _____ Employer _____ Phone _____

How may we contact you? Please circle: Text Email Cell Phone Call Home Phone Call

Primary Care Physician _____ Phone _____

Parent/Guardian (if a minor) or Spouse Information

Parent/Spouse Name: _____ Date of Birth ___/___/___

Address: _____

Social Security Number _____ Employer _____

Additional family members seen here: _____

Insurance Information

Primary Medical Insurance: _____ Subscriber: _____

Subscriber Identification Number: _____ Employer: _____

Insurance is through: Self Spouse Mother Father Guardian

Secondary Medical Insurance: _____ Subscriber: _____

Subscriber Identification Number: _____ Employer: _____

Insurance is through: Self Spouse Mother Father Guardian

Vision Insurance: _____ Subscriber: _____

Subscriber Identification Number: _____ Employer: _____

Insurance is through: Self Spouse Mother Father Guardian

How did you hear about our office? (Please circle which applies)

Google/Facebook Billboard Newspaper Ad Insurance Carrier Word of Mouth Primary Care Physician

Medical History Questionnaire

Patient Name: _____ Today's Date: _____

Reason for Today's visit:(Please check all that apply)

- Eye Health Contact Lenses Glasses Vision Problem Eye Infection Eye Injury
 New Condition Existing Condition Surgery Consultation Other _____

Dilation Informed Consent: For an important and thorough view of the back of the eye, we instill drops which cause your pupils to enlarge. The drops require about 30 minutes to take effect. Afterwards, you will be sensitive to bright lights and you may have difficulty focusing on close objects. The effect may last 4 hours. This is included in your eye exam.

Are you prepared to be dilated today by the doctor (if needed)? Yes No

Eye Health/History: (Please check all that apply)

- Blurred vision Burning Discharge Pain/Soreness Halos/Glare Flashes Floaters Itching
 Headaches Dryness Watering Redness Double Vision Dry Eye Lazy Eye Crossed Eyes
 Cataracts Glaucoma Macular Degeneration Retinal Detachment Blindness Retinitis Pigmentosa
 Melanoma of Eye Corneal Dystrophy Other _____

Do you wear contacts? Yes No If no, have you worn them in the past? Yes No

Do you use tobacco? Yes, if yes, is it smoking or smokeless? _____ No

Do you consume alcohol? Yes, if yes, how often: rarely, socially, occasionally, daily? _____ No

Do you use illegal drugs? Yes No Have you been treated for STD's? Yes No

All allergies (medications, seasonal, food, pets, etc) _____

Medical History (Circle S for Self and F for Family)

Sinus congestion	S	F	Anxiety	S	F	Ulcers	S	F	Diabetes I	S	F
Hearing loss	S	F	Bipolar Disorder	S	F	Currently Pregnant	S	F	Diabetes II	S	F
Multiple Sclerosis	S	F	Heart disease	S	F	Degenerative Disk	S	F	Thyroid disease	S	F
Cerebral palsy	S	F	Artery disease	S	F	Muscular Dystrophy	S	F	Rheumatoid arthritis	S	F
Parkinson's	S	F	Hypertension	S	F	Fibromyalgia	S	F	Lupus	S	F
Migraines	S	F	High cholesterol	S	F	Osteoporosis	S	F	Sjogren's disease	S	F
Stroke	S	F	Asthma	S	F	Rosacea	S	F	HIV/AIDS	S	F
Depression	S	F	COPD	S	F	Shingles	S	F	Cancer	S	F
Colitis	S	F	Crohn's Disease	S	F	High Blood Pressure	S	F	Allergies	S	F
Acid reflux	S	F	Intestinal Diseases	S	F	Seizures	S	F			

Family Eye History(Please check all that apply and note family relationship next to condition)

- Glaucoma _____ Cataracts _____ Macular Degeneration _____ Blindness _____
 Retinal Detachment _____ Crossed Eyed _____ Lazy Eye _____ Other _____

List all medications here: _____

LA GRANGE EYE CARE

657 E. Travis, Suite B La Grange, Tx 78945

Phone: 979-639-5104 Fax: 979-639-5170

Acknowledgment Notice of Privacy Practice

Federal law requires La Grange Eye Care to make every effort to inform you of your rights related to you health information. I acknowledge and agree that I have been informed that La Grange Eye Care abides by the HIPPA laws and am entitled to a copy of the Notice of Privacy Practice for review and, if desired, keep a copy for my personal records on the date identified below.

I understand that La Grange Eye Care may use and disclose necessary personal health information (name, address, date of birth etc.) to another party to permit this office to perform its administrative duties such as processing my vision/medical claims. I can be assured that La Grange Eye Care does not sell my personal health information of any kind to a third party for their use.

X _____ Date: _____
(Patient or Parent Signature)

Acknowledgment of HIPPA Privacy

HIPPA requires a patient's prior authorization in order to release medical information to any person other than the patient or legal guardian. This includes, but is not limeted to, medical records, eyeglasses or contact lens prescriptions, receipts or any other documents with personal information. Please list any person or persons you wish to allow access to your medical records and person information.

Person 1: _____
Person 2: _____

X _____ Date: _____
(Patient or Parent Signature)

Refraction Notice

Which is better 1 or 2? This is the part of the exam that the doctor does to determine your glasses prescription. Most medical insurance plans, such as Medicare, **do not** cover the refraction portion of the exam. If La Grange Eye Care is using your medical insurance for your exam, you may be responsible for this charge at the time of service. The current cost of this service is \$45.00. I understand that I will pay this amount along with any other copay's that may apply at today's visit and if I do not want this service, then I will not get a glasses prescription today.

X _____ Date: _____
(Patient or Parent Signature)

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VISION vs MEDICAL INSURANCE

The reason for being seen at the eye doctor and the results of your examination determine whether your insurance will be billed to your insurance as a Vision Exam or a Medical Exam.

What is the difference between a vision exam and a medical exam?

Vision Exams- Vision insurance can be applied to routine vision exams involving glasses or contact lenses including dilation if needed. They do not cover the management or treatment of eye diseases such as glaucoma, cataracts, or macular degeneration. Examples of vision insurances: VSP, Eyemed, Superior Vision, Davis Vision and Aveis.

Medical Exams- Medical insurance may be applied to management and treatment of eye diseases such as diabetic retinopathy, cataracts and glaucoma, to name a few. These are considered medical diagnoses and the exam may be billed to your medical insurance. Your medical insurance can also be billed for or emergency visit for things such as foreign body removal, injury, retinal detachment, conjunctivitis, etc. This is dependent on the doctor's professional opinion and the reason for your visit. Examples of medical insurances: Aetna, BCBS, Humana, and United Health Care.

If your insurance does not allow us to coordinate your benefits in the same day, it may be necessary to complete the vision and medical exams on seperate visits as we cannot bill to both plans on the same visit.

I have read and agree with these policies.

X _____ Date _____

Patient Signataure or Legal Guardian (if minor)

iWellness Retinal Scan: Information and Consent

At La Grange Eye Care, we believe your eye sight is priceless and we are here to protect it!

Vision threatening diseases such as glaucoma, macular degeneration, and diabetic retinopathy often have no outward signs or in the early stages, so our practice has begun using state-of-the-art technology to assess the health of your eyes. This scan is very much like having an MRI of the eye. However, this state-of-the-art technology does NOT use X-rays, but utilizes very low energy, infrared light to capture the imaging. **This Does Not replace dilation.**

Benefits: This high-resolution image, which is automatically compared to a normative database, will help to identify if you are displaying the early signs of retinal disease or glaucoma, both of which can be often halted or slowed down significantly with early detection.

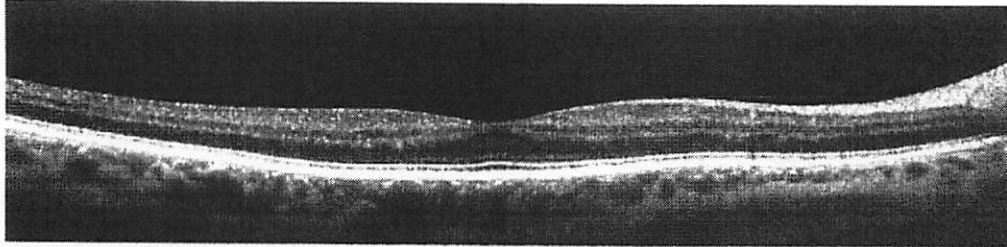
Please Note: This test is **not** currently covered by insurance. There will be a \$49 fee added to the total cost of your visit.

Yes, I would like to have my retinal scan today.

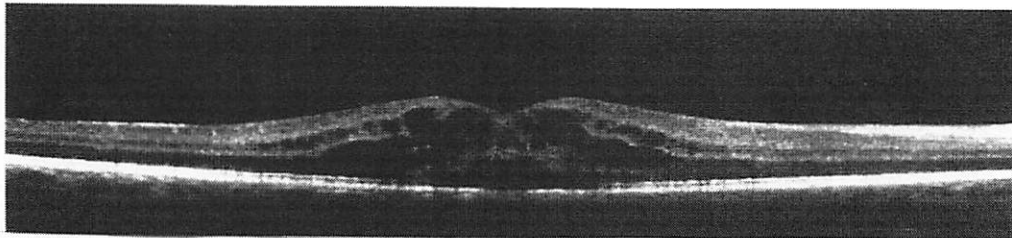
No, I am not interested in having the scan done at this time.

iWellness Examples:

Healthy Retina:



Unhealthy Retina:



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Patient Financial and Practice Policies

Thank you for choosing La Grange Eye Care. We are committed to providing you with the best eye care possible. In order to accomplish this, we need your assistance in understanding our Financial and Practice policies.

With the ever changing healthcare industry, we want to make sure that every patient is aware of our insurance and billing policies. The more you know, the better we can service your eye care needs. La Grange Eye Care contracts with or accepts *most* insurance plans. Our staff will provide you with information that is as accurate as is available from your insurance company regarding your copay, deductibles and coinsurance amounts. Please note, it is ultimately patient responsibility to know how their insurance plan works. **WE HIGHLY RECOMMEND THAT YOU READ YOUR INSURANCE BENEFIT BOOKLET OR CALL YOUR INSURANCE COMPANY TO REQUEST BENEFIT DESCRIPTIONS FOR A SPECIALIST OFFICE.**

1. Insurance & Patient Responsibility

Payment is due at the time services are rendered. Balances that are residual after filing with your insurance company will be expected to be paid in full prior to your next scheduled visit or statement date (whichever is sooner).

Patient or Parent Initials: _____

2. Cancellation and Late Arrivals

If you are unable to make your scheduled appointment, please let us know within 48 hours of your scheduled appointment so that we may offer that time to another patient. Failure to notify us at least 24 hours in advance may result in a \$25.00 missed appointment fee. Missed appointments are subject to a prepayment charge prior to rescheduling and cannot be filed to insurance.

If you are more than 15 minutes late to your scheduled appointment, we will make every effort to work you back into the doctor's schedule. However, we may still have to reschedule your appointment. We thank you for your understanding.

Patient or Parent Initials: _____

3. Referrals

Some insurance plans, typically HMO plans, require a written referral or prior authorization from your primary care physician. Referrals must be presented at check-in before proceeding with the visit. Although we will assist you in obtaining a referral, it is ultimately patient responsibility to make sure a referral has been obtained prior to receiving care from La Grange Eye Care. Failure in having an effective referral may result in denial from your insurance company, leaving the patient responsible for any and all services provided.

Patient or Parent Initials: _____

I have read and understand the Patient Financial and Practice Policies

X _____ Date: _____
(Patient or Responsible Party Signature)