

PATIENT INFORMATION FORM

Exam Date / /

Last Name _____ First Name _____ M / F Birth Date / /

Address _____ City _____ State ____ Zip Code _____ Email _____

Home Phone () _____ Work Phone () _____ Cell () _____

Employer _____ Occupation _____ Referred By _____

INSURANCE INFORMATION

Insurance Name _____ Group # _____ ID# _____ Insured DOB _____

Patient SS# _____ Primary Insured Name _____ Primary Insured SS# _____

MEDICAL AND OCULAR HISTORY

Reason for today's exam? _____ 1

Are you planning on purchasing new eye glasses today? Y/N Are you planning on purchasing contacts today? Y/N

Age of present glasses ____ Age of Sunglasses ____ Date of Last Eye Exam / / Dr. _____ Previous Patient? Y / N

PATIENT/FAMILY MEDICAL HISTORY

LIFESTYLE QUESTIONS

Table with 2 main columns: PATIENT/FAMILY MEDICAL HISTORY and LIFESTYLE QUESTIONS. Sub-columns include Self, Relative, None, Yes, No. Rows list various medical conditions and lifestyle factors with checkboxes.

Please explain any positive medical findings _____

Eye drops currently taking (OTC or RX) _____

Medications (OTC and/or RX) _____

Do you have any allergies? If yes, what medications or treatment are you currently on? _____

Are you allergic to any medications? YES NO List medications allergic to _____

PAYMENT POLICY FOR SERVICES AND MATERIALS

If you are using insurance coverage for today's visit, this is a contract between you and your insurance company. We will submit whatever we can to assist the process but if Eyeworks is not reimbursed in full, or paid by your insurance company, the balance is your responsibility. All sales on services and materials are FINAL. Medicare patients only: Medicare pays 80% of the allowed fee and the patient is responsible for the other 20% of U&C of exam fee and any copay.

(Pt Initial) _____

I understand and agree to Eyeworks Policies:

Signature

Date



Wellness exam vs. Medical eye exam

If you have a medical eye issue, it will most likely need to be treated before the wellness examination (Comprehensive Vision Exam) can be performed.

YOUR VISION INSURANCE WILL NOT COVER THAT MEDICAL EYE EXAMINATION. Wellness (Vision) exams are strictly to check the overall health of your eye and provide you with an RX for glasses.

Medical Exams include but are not limited to corneal issues, pink eye, dry eye, keratitis, stye, chelassium, etc. If you are treated medically, we will need to perform that treatment FIRST and you will need to return for your wellness exam on another date. THIS IS MANDATED BY INSURANCE COMPANIES.

In the event that our office is able to file through your medical insurance, ***you will be responsible for specialist fee dictated by your medical insurance company.***

If our office is out of network, you do not have medical insurance, you have not met your deductible or other reasons, you will be responsible for a fee of \$150-\$250, (depending on complexity) at time of appointment when services are rendered. *This is something that can be applied to your outstanding deductible.*

We are happy to provide you with a detailed statement so you can submit to your medical insurance company for any reimbursements or so they can add to your unsatisfied deductible.

You will be scheduled for your vision wellness visit when your medical condition has subsided and we will then be able to file for your that exam with your vision insurances (you will pay any and all co-pays associated at that time.)

Medical Follow-ups follow the guidelines of your medical insurance co-pays and guidelines of your medical insurance company or of the guidelines and policy of Eyeworks.

I understand Eyeworks' policies regarding Wellness Vision vs. Medical listed above and agree to pay.

Patient Name (printed)

Patient Signature

Date

EYEWORKS PRETEST PROCESS

AUTOREFRACTOR

Autorefractor offers a starting point to begin your eye exam. It is not an exact measurement of prescription but a valuable tool to determine estimated prescriptions. The doctor will exact this RX during your exam.

TONOMETRY

Air puff to check eye pressure (some call it the "glaucoma test")

OPTOS IMAGING / DILATION

We are excited to introduce Optomap, our newest premium standard of care, a *requirement* for all patients.

Optomap image capture reveals greater than 82% of the back of your eye. It can detect vision threatening diseases including but not limited to diabetes, glaucoma, cancer, retinal tears and cardiovascular issues that may be missed with dilation. **THERE ARE ZERO SIDE EFFECTS OR LIGHT SENSITIVITY WITH OPTOMAP IMAGING NOR ANY DISCOMFORT AND YOU WILL USUALLY NOT NEED TO BE DILATED AFTER THE OPTOMAP IMAGE IS CAPTURED.**

Optomap is prescribed annually with an insurance copay of \$55. Eyeworks honors this same copay if you do not have vision insurance.

Your doctor will go over the results of your Optomap with you as view your images together during your exam and you may request images be emailed. ***this is available at our Decatur location only and you can request an RX by your Eyeworks doctor to have this performed at 335 West Ponce De Leon Avenue, Decatur 30030*

VISUAL FIELD TEST

The visual field test can help detect early signs of ocular diseases - including but not limited to glaucoma and macular degeneration- that damage vision gradually. Some people with will not even notice any problems with their vision, but the visual field test will show that peripheral vision is being lost. **These diseases untreated or undetected, can lead to blindness.**

A visual field test can also help the doctor find out more about the part of the nervous system that allows us to see. The visual part of the nervous system includes the retina (the "film" in the camera-like eye), the optic nerve (the "wire" that carries images from the retina to the brain), and the brain itself. Problems with any part of this system can change the visual field. There are well-known patterns in the test results that help doctors recognize certain types of injury or disease. By repeating more visual field tests at regular intervals, doctors can also tell whether the patient is getting better or worse.

I would like to have a visual field test performed. Copay is \$25.00.

I decline a visual field test today.

****Patients who receive Visual Field Test will receive a \$10 discount on the two at a combined copay of \$70 (save \$10).**

I agree to my pretest examinations.

Patient Name (print)

Patient Signature

Date



EYEWOR^{KS}

EYEWOR^{KS} COVID-19 Procedural Consent Form

Our top priority is the well-being of our patients and their families, thus, Eyeworks is taking every precaution to combat exposure and spread COVID-19. We have instituted the following policies to ensure that everyone is staying safe and healthy. We ask that you read, sign, and abide by our new regulations.

1. *Patients are required to schedule exam and glasses purchase appointments. **Staff will keep doors locked to manage limited entry to practice.***
2. In an effort to minimize the amount of people in the office at the same time, **please call when you arrive, park and stay in your car or outside. We will call you when it is your turn to enter.**
3. You will be asked to fill out patient PPW through our website portal and email your medical card, vision card and picture ID **48 hours in advance** of your appointment.
4. Please bring your own face mask. We have a small fee for those that don't have a mask. **You will not be allowed to enter without a protective face mask.**
5. **EVERYONE will have temperature taken.** Please do NOT enter office without us taking your temperature.
6. **Hand Sanitizing:** Please use the hand sanitizer at the entrance of the practice upon entry.
7. Only the exam patient is allowed in the office. If you have guests with you, please have them wait in the car or outside. Exception: Minors with appointments may have (1) parent accompany them during the visit.
8. Refrain from touching anything in the office and **follow office protocol . Every frame sample will be properly sterilized before it's returned to display so please leave in designated trays.**
9. Please use bathroom facilities **BEFORE** arriving at your appointment.
10. Contact lens purchases will be direct shipped to you and glasses purchases will be delivered curbside.

We have implemented several additional precautions our staff and doctors will be following as well. If you would like a full list of our internal policies regarding Covid-19 please go to www.eyeworksatlanta.com.

Please sign below to acknowledge you have read, agree and will comply with out new policies and precautions.

Signature _____

Date _____

Name _____