



Existing Patient Yearly Exam **Paperwork**

Please fill out all forms and either do one of the following:

1. Email forms to records@eyephys.com
2. Fax to 703-698-8884
3. Or bring to your appointment

Please note that any patient that is 30 minutes past their scheduled appointment time will need to be rescheduled

Feel free to call our office if you have any questions

Office Number: 703-698-8880

Medical Eye Exams VS Routine Vision Exam

Vision Exam (Routine Exam):

A routine vision exam or “wellness exam” takes place when you have an eye examination **without a medical problem**. Glasses and contact lens prescriptions may be updated using your vision insurance. *(For example: if you need new glasses/contact lenses or if you just want your yearly exam.)*

Medical Eye Examination (Comprehensive Exam):

A visit will be billed as a medical eye examination whenever a patient is being **evaluated, followed, or treated for a medical condition or symptom**. **Imaging and testing for diagnostic purposes can only be done under medical insurance.** *(For example: Diabetic eye exams, complaints of dry eye, glaucoma, macular degeneration, cataracts, eye irritation/itching.)*

PLEASE SELECET ONE OF THE FOLLOWING

For patients with VSP (Vision Service Plan): A medical **and** vision exam can be performed on the same day. Glasses prescriptions and/or contact lens services will be billed under VSP. If any medical treatment is identified, **part of your exam will be billed through your medical insurance, making you subject for payment of co-pays/co-insurance and deductibles**. **Medical insurance will be billed first followed by VSP.**

_____ I have VSP and I want **ONLY** my VSP billed.

_____ I have VSP and I want my **MEDICAL AND VSP** billed.

For patients with Eyemed: A medical and vision exam **CANNOT** be performed on the same day per insurance regulations. If you report symptoms during your visit related to an eye problem, disease, or injury, or if the doctor determines that your eye health exam falls under the category of a medical eye examination, your visit will be billed to your medical insurance, making you subject for payment of co-pays/co-insurance and deductibles.

_____ I have Eyemed and I want **ONLY** my Eyemed billed

_____ I have Eyemed and I want **ONLY** my **MEDICAL INSURANCE** billed

(Also known as Blue View Vision)

OPTIONAL VISUAL FIELD SCREENING

(Does not apply if using medical insurance)

To provide total vision care to our patients, we are now offering our automated visual field screening in combination with your annual vision examination. This is a state of the are test preformed to rule out early signs of ocular disease. This test involves the use of a special computer to evaluate both your central and peripheral vision. We recommend that all our patients over the age of 21 receive the screening. **There is an additional charge of \$40.00 for this screening.**

_____ **Yes, I do want the visual field screening**

_____ **No, decline the visual field screening**

Pupillary Dilation through Vision Insurance (Optional)

Dilation involves the use of eye drops to dilate the pupils and the patient is instructed to wait approximately twenty to thirty minutes for adequate dilation to occur. Distance vision may be blurred and near vision will be blurred for about 4-6 hours as the dilation gradually wears off. There will also be some light sensitivity for which the front desk will supply you with a pair of complimentary disposable sunglasses. Some patients feel uncomfortable with driving after being dilated, and wish to return to our office with a designated driver at a later visit.

_____ **Yes, I want my eyes dilated at this time**

_____ **No, I do not want my eyes dilated at this time**

Printed Patient Name

Signature – Patient/Guardian

Date

Eye Physicians & Surgeons, Inc.

NOTICE OF NONCOVERED REFRACTION SERVICES TO PATIENTS

WHAT IS A REFRACTION?

A refraction is the procedure that determines a patient's eyeglass prescription. Receiving a glasses prescription is **not covered** by most major medical insurance policies. Vision insurance policies, however, **do cover** the refraction.

If the doctor determines that you need to have the refraction done and your insurance does not pay for it, you will be held responsible for paying the eighty-five dollar fee (\$85) at the time of service, along with any other fees you are normally responsible for, such as co-payments and/or deductibles.

If you are a Medicaid recipient, please read the following:

- Refractions will be performed for diagnostic purposes only as part of a medical exam when deemed necessary by the provider.
- Refractions **will not** be performed for the sole reason of "obtaining a new prescription or to check if my vision has changed." These services will need to be obtained elsewhere by a provider participating with the routine vision coverage of your plan.
- Written prescriptions **will not** be given for the purpose of obtaining new glasses/contacts

Please check one of the following options and sign below:

_____ **YES**, I would like the doctor to check whether I need a new glasses prescription.

By agreeing, I understand that the refraction may not be a covered service under my medical insurance plan and that I will pay the eighty-five dollar fee (\$85) at the time of service if a glasses prescription is provided. Eye Physicians and Surgeons, Inc. will submit the refraction to your insurance and if they cover the service, a refund will be issued.

_____ **NO**, I would not like a refraction today.

_____ **MEDICAID RECIPIENT**, I understand that a refraction will only be performed for diagnostic purposes and I will not receive a written prescription to use in obtaining glasses or contact lenses and that I will need to obtain this service with another provider.

PATIENT NAME

PATIENT SIGNATURE

DATE OF SIGNATURE