Welcome to RVA Eye Care Optometrists

HIPAA COMPLIANCE ASSURANCE NOTIFICATION FOR OUR PATIENTS

Your information is kept confidential and we comply with the Health Insurance Portability and Accountability Act. Inactive records are professionally destroyed after 10 years.

Patient's Name: _____

Address _____

City _____ State VA ☐ _____ Zip Code _____

Cell Phone _____ Work Phone _____

Date of Birth _____/_____/_____

Email _____ (NO MARKETING)

Married ☐ Single ☐ Other ☐ Child ☐ Male □ Female ☐ Last 4 Digits of Social Security # _____

Patient Employer Name _____ Primary Insured Name _____

VSP ☐ EyeMed/BlueView ☐ None ☐ Spectera ☐ Other _____

Reason for your visit? (chief complaint) _____

Do you have a history of problems adjusting to a new prescription or contacts? Yes ☐ No ☐

Evaluation for contacts today? Yes ☐ No☐ Do you want to stay with same contact brand? Yes ☐

Allergies to any medications? No ☐ Yes ☐: Penicillin☐ Codeine☐ Sulfa Drugs☐ Other _____

List any medications you are currently taking _____

Any other eye conditions or history of them? _____

Any other medical conditions that we should be aware of? _____

Medical History				
	Self		**Family**	
Asthma	Yes ☐	No ☐	Yes ☐	No ☐
Other breathing difficulties	Yes ☐	No ☐	Yes ☐	No ☐
Hypertension	Yes ☐	No ☐	Yes ☐	No ☐
Glaucoma	Yes ☐	No ☐	Yes ☐	No ☐
High Cholesterol	Yes ☐	No ☐	Yes ☐	No ☐
Diabetes	Yes ☐	No ☐	Yes ☐	No ☐
Diabetic Treatment Physician's Name:				
Do you smoke	Yes ☐	No ☐		

We appreciate your help in making our practice grow, please send by your friends and family.

Please note: If you wear contacts there <u>will be a contact lens evaluation fee charged</u> in addition to the routine eye exam fee. This may not be covered by your insurance. All contact wearers need this done to have a contact lens prescription written.

I authorize payment directly to our office for services rendered. As the responsible party, I authorize the release of any medical records needed to obtain payment from my insurance company. I will be responsible for all costs of collection, including and not limited to collection fees and attorney fees, and court costs. I acknowledge that our HIPAA privacy notice has been made available to me. Please note VSP, EyeMed, Davis, and Spectara charge for remakes of glasses for frame changes, and do not allow a cancel after order is placed. Progressives lens are redone one time, then regular charges apply. I agree to bill my medical insurance not my vision plan, if appropriate, and medical problems are involved, the medical copay is then due.

Signature: _____ Date _____/_____/_____

(If under 18, Parent or Guardian's Signature)

PLEASE FILL OUT BACK SIDE OF THIS FORM, TURN OVER AND FILL OUT

We employ the use of a state-of-the-art retinal imaging camera. The camera allows us to capture a high definition image of the retina to check and monitor your general and ocular health. We will review the photos with you today. There is a total **$28 fee** for the photos to cover our costs. The photos are **NOT** covered by any insurance plans. These photos will find general health conditions such as diabetes, hypertension, and high cholesterol. It will also reveal serious eye conditions at the earliest stages allowing us to prevent problems with your sight.

□ **Yes – I DO** want the retinal photo taken, reviewed and saved for yearly comparisons.

□ **No – I DO NOT** want the photo.

Dilation drops ***may*** be used during your exam today. These drops make it harder to read and you will be sensitive to light for 2 to 3 hours. If you do not have sunglasses please ask for the temporary shades that we provide..

Would you like a dilated exam today?

□ Yes – If recommended by the doctor, and I do have sunglasses or will take the sun shields.

□ No – I will have it done another time

We now offer daily disposable contact lenses. These lenses are the type you toss out each day. Daily disposables offer many advantages over conventional monthly lenses. Let us know if you have questions about switching to daily disposable contacts. We stock them if interested. Would you like to discuss daily disposable contacts today?

□ Yes – The doctor will fit you for daily contacts today if appropriate

□ No – I am not interested in daily contacts

We offer LASIK surgery co-management. Are you interested in LASIK surgery?

□ Yes – The doctor will discuss your options for surgery

□ No – I am not interested in LASIK surgery