



PATIENT INFORMATION & INSURANCE

Patient Name: _____
First MI Last

Preferred Name/Nickname: _____ Today's Date: _____

Address: _____ Occupation: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

Cell Phone: _____ Gender: M F

Home Phone: _____ Social Security #: _____

Email: _____

Preferred Method of Contact: Cell Home Email

Guardian (if applicable): _____

Emergency Contact _____

Emergency Contact #: _____

Ethnicity/Race:
 African American Caucasian
 American Indian Hispanic
 Asian Other _____

How did you hear about us?
 Drive By (Sign) Insurance Company
 Friend/Family Internet Search
 Physician Other _____

Vision Insurance:
 Insurance Company: _____

Policy Holder's Name: _____ Policy Holder's Date of Birth _____

Medical Insurance:
 Insurance Company: _____

Policy Holder's Name: _____ Policy Holder's Date of Birth _____

Desert EyeCare Center may discuss my medical information and insurance information with:

Name: _____ Relationship: _____

I request that payment of authorized insurance/Medicare benefits be made on my behalf to Desert EyeCare Center(DECC). This is to include medical services rendered by myself and/or dependents. I assume responsibility for any deductible, co-payment, or other balance not covered by my insurance carrier. Authorization obtained at the time of service does not guarantee payment. As a service to the patient, DECC will submit claims to your insurance carrier. However DECC cannot guarantee that these claims will be honored. All denied claims will be billed to the patient. I recognize that it is my responsibility to know and understand my insurance coverage, or lack thereof. I understand that professional fees are due upon completion of the exam, and that these services are non-refundable. **I UNDERSTAND THAT ALL GLASSES AND CONTACT LEN ORDERS ARE NON-REFUNDABLE.** I authorize the doctor to release all information necessary to secure payment of benefits.

Signature _____ Date: _____

Vision Insurance vs. Medical Insurance

Desert EyeCare Center is required by law to follow proper coding and billing for eye/vision examinations. Your vision insurance will not pay for a medical eye condition and your medical insurance will not pay for your routine eye examination.

Vision Plan:

- Provides you with a “well vision” exam
- Pays for an exam if your eyes are healthy, but you suffer from focusing problems like nearsightedness, farsightedness, astigmatism, and presbyopia (the need for reading glasses).
- Will only pay for exam if there is nothing wrong with the health of your eyes.

Medical Plan:

- Will pay for your exam if there is something wrong with the health of your eyes.
- The following conditions are examples: dry eyes, eye allergies, cataracts, contact lens complications/infections, diabetic eye disease, floaters, glaucoma, eye infections, etc.

We are not allowed to bill both medical and vision insurances on the same day. If you have a medical eye problem, and still need glasses, we can handle it one of two ways. We can check your prescription the same day as your medical eye exam and bill you for the refraction (eyeglass prescription check), or you can come back on another day and we can bill your vision insurance for your refraction.

Initials _____

Dilation Policy

It is the doctor’s policy that all new patients will have their pupils dilated as part of their comprehensive eye health and vision examination. Returning patients will be dilated at least every other year, or more frequently as determined by the doctor.

In order for the doctor to properly assess your eye health, we MUST routinely perform a dilated examination of your eyes. To dilate the eyes, eye drops must be administered that cause the pupil (black part in the center of your eye) to become larger. When the pupils are not dilated, only ~25% of the back of the eye (retina) can be seen, with a dilated eye exam nearly 100% of the retina can be seen. A healthy retina is important to good vision. Dilated eye exams help detect glaucoma, macular degeneration, diabetic eye disease, high blood pressure, retinal detachment, as well as many other conditions. Dilation may cause blurred vision and light sensitivity in some patients for ~4 hours. Blurry vision is typically noticed while reading. We will provide temporary sunglasses for you to use after your dilation. Please note, there is NO additional charge for having your eyes dilated.

Initials _____