Welcome to Beverly Hills Optometry: Advanced Dry Eye Center

Today's Date: _____ Date of birth: _____ Sex: M/F

Patient Name: Mr. Mrs. Ms. Miss. Dr._____

Parent/Guardian Name (if patient is a minor)_____

Address:_____ City:_____ State:_____Zip Code:_____

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

Email:_____ Occupation:_____ Hobbies_____

Emergency Contact: Name:_____ Relationship:_____ Phone:_____

How did you hear about us? _____

You are interested in: ____Comprehensive Eye Exam ____Contact Lens Evaluation ____ Other Eye Condition
____Advanced Eye Exam ____ Order Contact Lenses ____ Laser Vision Correction

Insurance Information

(Please present any vision/medical cards at check in)

Vision: (Please Circle) Eyemed Superior VSP Avesis Spectera Cigna Other_____

Name (of primary insured): _____ Date of Birth:_____ Last 4 of SS#_____

Medical PPO: (Please Circle) BlueCross BlueShield Aetna Medicare Cigna United Other_____

Name (of primary insured): _____ Date of Birth:_____ Last 4 of SS#_____

Medical Information

Do you wear: Glasses -> Distance/Computer/Reading/Bifocal/Progressive

Contacts -> Daily wear/Extended wear/ Astigmatism/Multifocal/Monovision/soft/rigid gas perm

Satisfaction with current glasses/contacts: Low 1 2 3 4 5 6 7 8 9 10 High

Do you use any eye care medications (prescriptions and/or over-the-counter): Y/N

if yes, please list:_____

List any injuries or surgeries to your eyes:_____

List any medications, supplements, and/or over-the-counter medications you are currently using:

_____

Do you have any allergies to medications: Y/N if yes, please list:_____

Do you have any seasonal/food allergies: Y/N if yes, please list:_____

Do you: _____smoke? _____drink alcohol? _____abuse substances? How often? _____

Please check any of the following that apply and circle for you (S) or family member (F):

__Blur at distance	__Eye Fatigue	__Problems with glare	__High Blood Pressure (S/F)	__Glaucoma (S/F)
__Blur at near	__Eye Strain	__Sensitive to light	__Diabetes (S/F)	__Cataracts (S/F)
__Blur after reading	__Eyes itch	__Seeing spots	__Thyroid (S/F)	__Color blindness (S/F)
__Double vision	__Eyes water	__Asthma (S/F)	__Lazy Eyes (S/F)	__HIV+/AIDS (S/F)
__Headaches	__Light flashes	__Dry Eyes	__Cancer_____(S/F)	__Macular Degeneration (S/F)
__Pregnant__mo	__Other			

Family History of Eye Disease: Y/N If yes, explain _____
Family History of Diabetes: Y/N If yes, explain_ _____

We are glad that you have chosen Beverly Hills Optometry as your eye care provider. Please read the important notifications below, so that you may become familiar with our practice policies.

Insurance Assignment and Release

I acknowledge that all insurances must be verified **PRIOR** to my appointment. Any insurances verified after the appointment will require the patient to submit a receipt directly to their insurance and the visit will be out of pocket. Payment will be due at the time of the appointment.

I certify that I have insurance coverage with the company(ies) I provided and assign directly to Dr. Silani and Beverly Hills Optometry, all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not they are paid by insurance. I authorize the use of signature on all insurance submissions. This consent will end when my current treatment plan is completed or one year from the date signed below.

Vision Plan (Routine) Insurance

I acknowledge that Vision Plan (Routine) Insurance covers routine eye examinations, refractions, and may cover materials (contact lenses, glasses, ect) as specified by my plan benefits. I understand that Medical Examinations and Treatments are NOT covered under my Vision Insurance. I understand that Services related to medical conditions will be billed to my Medical Insurance or, if no applicable medical coverage exists, these services are my responsibility at the time of service.

Medicare/Supplement Authorization

I request that payment of authorized Medicare benefits, if applicable, supplement benefits, be made to Beverly Hills Optometry for any services furnished to me. To the extent permitted by law, I authorize any holder of medical or other information about me to release to the Centers for Medicare Services, my supplement insurer, and their agents any information needed to determine these benefits or benefits

Refraction

Refraction (testing for best corrected Visual Acuity) is not covered by medical insurance. In the absence of qualifying vision Insurance coverage, Refraction fees are the responsibility of the patient. Best Correct Visual Acuity Refraction-**$50**

Dilation

Please note that your eyes may be dilated during your examination. Dilation of your pupils may blur your vision and make you sensitive to light for several hours after your examination. It is important to refrain from driving and performing precision work with tools when your vision is blurred from dilation. It is not possible to predict how long the effect of dilation will last or how much your vision will be affected, although most patients recover within 4 hours. We recommend that you wear sunglasses when your eyes are dilated.

Pharmacy Prescriptions

You may be given a prescription for medications in conjunction with your care. It is important that you check with your pharmacist and/or primary care physician regarding potential interactions with other medications you are currently taking.

HIPAA Privacy Practices

Beverly Hills Optometry follows HIPAA guidelines in regard to your PHI (Protected Health Information). I understand that I have certain rights to privacy regarding my protected health information. Copies of our HIPAA Policy are available at the Front Desk.

Co-pays, Deductibles and Non Covered Services

I acknowledge that I am financially responsible for co-pays, deductibles and non covered services; and that those amounts will be collected at the time of service.

Billing and Collections

I acknowledge that Beverly Hills Optometry is providing services in good faith and they will be appropriately compensated in a timely manner. It is the patient's and/or guarantor's responsibility to provide Beverly Hills Optometry with updates billing and insurance information on each visit. Beverly Hills Optometry has a "All Sales Final/No Returns" policy. Orders that have been cancelled will be available for exchange or in office credit only.

Patient Signature_____ Date _____

Parent Signature _____ Date _____

Upgrade to a more Advanced Comprehensive Exam

Retinal Digital Photography, Optical Coherence Tomography and Dry Eye Imaging may or may not be covered by insurance. In the absence of qualifying vision or medical insurance coverage, fees are the responsibility of the patient.

Our practice takes great pride in using the most advanced imaging technology to scan various ocular structures. All diagnostic tests aid in providing the highest quality of eye care without the need for dilation. Please initial which elective imaging tests you want to receive.

Retinal Digital Photography (Optos) - $60 _____

The Retinal Digital Photography is useful for early detection, monitoring, and/or treatment of ocular and systemic conditions. When examining the retina, most eye diseases are completely asymptomatic in the early stages. The **Optomap (Optos)** technology provides a panoramic view of your retinal structures and scans for abnormal findings including, but not limited to, bleeds, scars, infections, inflammation, edema, plaques, freckles, floaters, holes, tears, detachments, etc. It serves as a tool for preventative medicine and digitally documents the health of your retina. Strongly recommended annually for screening healthy patients as well as monitoring patients with a personal/family history of any of the above mentioned.*

Optical Coherence Tomography (OCT) - $60_____

Optical coherence tomography (OCT) is a non-invasive imaging test, similar to an MRI for the eye, to scan for various ocular conditions. With the use of light waves, the OCT takes cross-sectional pictures of your cornea, retina, optic nerve, and macula. This allows our doctors to map and measure their health over time. Some of the common conditions include keratoconus, glaucoma, optic neuropathies, macular degeneration, hypertensive retinopathy, diabetic eye disease. Our doctors can detect and document the slightest change from year to year. Strongly recommended for patients with blurry vision, reduced vision, keratoconus, diabetes, hypertension, glaucoma, and many others.*

Dry Eye/Blepharitis/Stye/Chalazion/Allergy Imaging/Eye Injury - $60_____

The OCULUS Keratograph5M and FireFly Slit Lamp are modern diagnostic tools that scan the ocular surface using advanced infrared & color cameras. They are optimized for external imaging of the eye and eyelid. Unique features include mapping the corneal curvature, evaluating the anatomy and function of the oil glands (meibomian glands), measuring the tear quality & consistency, assessing the tear meniscus height (tear volume) and tracking the vessels of the conjunctiva. Strongly recommended for patients with eye irritation, watery eyes, blurry vision, dryness, redness, styes, eye fatigue, blepharitis, contact lens patients, lasik patients, and cataract patients.*

Advanced Comprehensive Exam Package (all three)- $150_____

Patient Signature_____ Date _____

Parent Signature _____ Date _____

ALL tests are considered essential for patients considering refractive surgery (ie LASIK, PRK, Cataracts, etc)