



For Patients Filing Insurance Claims

As a service to our patients, we do our best to verify medical and vision insurance benefits. However, we are not responsible for incorrect benefit information given to us by your insurance company regarding coverage, allowances, co-pays, or other information needed to file an insurance claim.

I, _____, understand that I am responsible for any amount not covered or paid by my insurance for services and/or materials provided by Arbor Eye Center, P.A. I accept that full payment is expected within 30 days of such notice from the date the bill was mailed.

Signature _____ Date _____

HIPAA

Acknowledgment of Receipt

I acknowledge that I received a copy of Arbor Eye Center, P.A.'s Notice of Privacy Practices.

Signature _____ Date _____

Dilation

Pupil dilation is part of the comprehensive eye exam, and it is included in the cost of the exam. It allows a more thorough evaluation of the retina so that the doctor may check for undiagnosed conditions or diseases. Without a dilated exam, many vision-threatening conditions may go undetected because patients may not experience any symptoms. **Dilation is particularly important for people with diabetes.**

Please be advised that the side effects of dilation will include light sensitivity and blurry near vision for three to six hours.

Optomap

The optomap digital retinal imaging captures a 200 degree view and more than 80% of your retina in one image. The wide view enhances your doctors ability to detect even the earliest sign of disease. If you choose to

have optomap imaging in lieu of dilation drops today, we will have an image to keep on record that is useful for future comprehensive exams and maintaining eye health. The optomap does not have any side effects and allows the doctor to review the image with you at the time of exam. If you choose to do the optomap and the doctor does detect any sign of disease, the doctor will advise you on next steps which may involve dilation.

The optomap is not covered by most insurance plans and is an additional charge of \$39. We will inform you if the optomap charge is covered by your insurance plan at the time of visit.

After reviewing my options with the presented material and given the opportunity to ask questions, I have made the following decision:

___ I would like a comprehensive exam including the dilation drops

*please note if you have been diagnosed with diabetes, have a history of seizures, or have had retinal surgery the doctors prefer to perform a dilated fundus exam.

___ I would like a comprehensive exam including the optomap imaging

___ I do NOT consent to having a dilated examination or optomap imaging performed. I understand the importance of this test and that Arbor Eye Center, P.A. is not liable for failure to test or diagnose any eye condition(s) due to lack of diagnostic information that would have been obtained in performing this test.

___ I do NOT consent to a dilated eye exam because I see a retinal specialist who dilates my eyes every year.

Date of last dilated fundus exam: _____

___ I do NOT consent to a dilated eye exam because I am pregnant or nursing

*please note the optomap is an excellent and safe alternative to dilation.

___ I do NOT consent to a dilated eye exam due to other reasons.

Please list: _____

Print Name _____ Date _____

Patient Signature _____