

Northwest EyeCare

PROFESSIONALS

PATIENT REGISTRATION FORM

(please print)

A. PATIENT INFORMATION

Patient's First Name:	Middle Initial:	Last Name:
Patient's DOB:	Patient's SSN:	Patient Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Email Address:		
Patient's Mailing Address:	Patient's Preferred Phone #:	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell
Other immediate family members seen here:		

B. BILLING INFORMATION

Person responsible for bill / Insurance holder:	Birth date:	Address (if different):	Home phone no. (if different):
Is this person a patient here? <input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible Party's SSN:		

C. ACKNOWLEDGEMENT OF HIPAA PRIVACY PRACTICES

I acknowledge that I have been offered the opportunity to review the Notice of Privacy Practices for Northwest EyeCare Professionals.

Patient Name (Please Print)

Patient/Guardian Signature

Date

HIPAA rules prevent us from discussing protected health information with any person other than the patient, including family members of patients over the age of 18. If you would like to designate any individual(s) that we are allowed to discuss your information with, please list them and their phone number below:

Family Member / Alternate Contact Name and Phone Number

VEYETAL VIEW

FOR YOUR SIGHT, YOUR VISION, AND YOUR HEALTH.

We take our role of protecting your sight and enabling your best vision very seriously. Our investment in this new technology ensures that we can provide you with superior care. Because your vision, health, and comfort are so important to us, the doctors of Northwest EyeCare Professionals strongly recommend the Veyetal View as part of your annual exam.

As an independent provider of care, Northwest EyeCare Professionals wants you to have the best options available when it comes to your health. We could limit services to the minimum that most insurers will cover, but we believe you deserve to set your own standards.

We understand that cost is always a consideration when making these choices. The Veyetal View is an additional charge that is not covered by most vision insurance or medical insurance. However, the Veyetal View may help to diagnose a medical condition, and then the appropriate tests and treatment would be covered by medical insurance.

We have made every effort to make these technologies affordable for you. By combining them in the Veyetal View and coordinating it as part of your regular visit, we can deliver these services as part of your total check-up at a single cost that is close to the amount others charge for just one of these advanced technologies.

The cost of the Veyetal View today is only \$49.00.

THE VEYETAL VIEW INFORMED CONSENT

To ensure that your doctor will have the results of your Veyetal View available at the time of your consultation, we need your consent before we begin. Making this decision prior to your exam ensures the most thorough evaluation in a single visit, without delay.

Because we have already seen the impact of the Veyetal View on the health of our patients, the doctors of Northwest EyeCare Professionals recommend all patients include the Veyetal View as part of their annual check-up. Checking the YES box below gets us started.

- YES, ADVANCE MY EXAM. I understand I am responsible for the additional fee not billable to insurance.
- NO, THANK YOU. I don't want to advance my exam at this time.
- MAYBE. I have questions that I would like to ask the doctor first.

Patient/Guarantor Signature: _____

Date: _____

ABOUT YOUR INSURANCE

There are two types of health insurance that will help pay for your eye care services and products. You may have both and our practice accepts both:

1. Vision care plans (such as VSP and Eyemed) offer benefits for routine vision exams along with material benefits for eyeglasses and contact lenses. **A routine vision exam only includes a basic wellness screening.** It does not include the diagnosis, management, or treatment of eye diseases.
2. Medical insurance plans (such as Medicare) offer benefits for the management of any medical condition. Most medical insurance plans do not cover routine services like the refraction or vision materials.

Our office follows these billing policies:

- Medical insurance must be used if you have any eye health problems or a systemic health problem that has ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by your case history.
- If you have both types of insurance plans, we may be able to bill some services to your medical insurance and other services to your vision plan using coordination of benefits. However, this is not always possible. If coordination of benefits is not allowed by your insurance, we can either combine medical and vision appointments to save time, or schedule separate appointments to save money. Please determine which approach you would prefer (check only one):
 - _____ My preference is to save time. I would rather have combined vision and medical exams even if my out-of-pocket expenses are higher than if occurred at separate appointments. [This is the approach we default to unless you tell us otherwise.]
 - _____ My preference is to save money. I prefer to use my vision and medical benefits separately, which may result in more frequent appointments.

- We will bill your insurance plan for services if we are a participating provider for that plan. We will try to obtain advanced authorization of your insurance benefits so we can tell you what is covered. If some fees are not paid by your plan, we will bill you for any unpaid deductibles, co-pays or non-covered services as specified by the insurance contract.
- If your insurance company requires a referral, you are responsible for obtaining this before your appointment.
- While we try to know as much about your insurance as possible, your insurance coverage details are ultimately your own responsibility.
- You must have all insurance information available at the time of the appointment.
- A contact lens evaluation is a separate service required for any patient who wants a contact lens prescription.

Please provide all insurance cards to our staff so they can be scanned and added to your electronic health record.

Acknowledgement of Responsibility

The information provided on my insurance card is true to the best of my knowledge. When making a third-party claim, I authorize Northwest EyeCare Professionals to bill the insurance company on my behalf for any covered charges. I authorize the release of any medical information necessary for processing the claim. I also authorize my insurance company to pay insurance benefits on my behalf to Northwest EyeCare Professionals directly. I understand and agree that regardless of my insurance benefits, I (or my guarantor) am responsible to pay the balance on my account for all professional services and materials provided. I have read and accept the billing policies above.

Patient/Guarantor Signature: _____

Date: _____