

OPTOMAP® DIGITAL RETINAL SCREENING

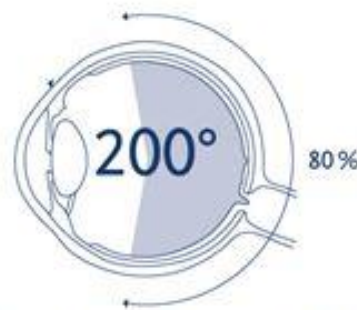
Queen Anne Eye Clinic offers Optomap® digital retinal imaging in addition to your comprehensive eye exam.

Fundus photography uses a special high-resolution digital camera to take a detailed view of your retina, the back part of your eyes. It assists in detecting and managing important ocular diseases such as glaucoma, diabetes, macular degeneration, retinal holes and detachments. Many eye and health conditions can be treated successfully without loss of vision if detected early. Your retinal images will be stored electronically. We recommend that all of our patients receive this screening. It is especially important for people with personal or family history of high prescriptions, high blood pressure, diabetes, retinal detachments, flashes of lights, floaters or headaches.

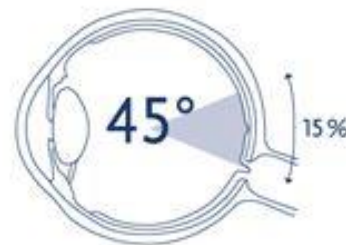
Our doctors highly recommend this screening in conjunction with each annual eye exam.
The fee for this service is \$39.

OPTOMAP
No blurry vision
No Light Sensitivity
Take less then 2 minutes
Permanent digital image

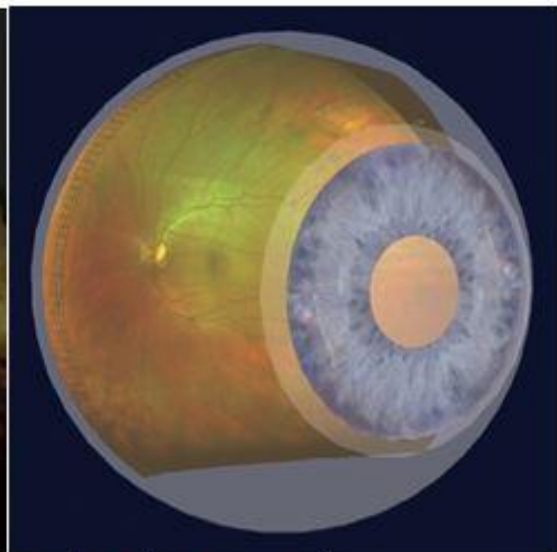
DILATION
Blurry vision for 4-6 hours
Light sensitive for 4-6 hours
25 min longer exam time
No permanent record of the retina



with optomap ultra-widefield
retinal imaging



without optomap



Please mark your selection on your registration paperwork.

Patient Registration

Mr. Mrs. Ms. Dr.

Last Name: _____ First Name: _____ Middle Name: _____

Name Preference: _____ DOB: _____ SSN: _____

Address: _____ (SSN for insurance purposes only)

City: _____ State: _____ Zip: _____

Preferred Phone # _____ Cell Home Work (please circle)

Email: _____

I would prefer NOT to receive text/email notifications

Employer: _____ Occupation: _____

Primary Vision Insurance: _____ ID: _____

Primary Insurance Holders Name: _____ DOB _____

Relationship to Patient: _____ SSN (if not self): _____

Medical Insurance: _____ ID: _____

Primary Insurance Holders Name: _____ DOB _____

Relationship to Patient: _____

****If you have additional coverage beyond what's noted above, please notify a staff member****

OFFICE POLICIES:

- The evaluation of contact lenses is not part of the usual comprehensive exam. An additional charge will be issued for this service. Fees for services (fitting, evaluation, and training) for soft contact lenses range from \$30-\$120. Evaluation for specialty and therapeutic contact lenses vary depending on complexity.
- All contact lens orders must be paid in full at time of order. All eyewear orders require a minimum deposit of 50% before the order can be processed. Eyeglass lenses are custom made and cannot be refunded. However, remakes may be necessary to finalize your prescription. One remake will be done free of charge if done within 60 days of dispensing.
- Queen Anne Eye Clinic will file insurance claims and await payment from your insurance company, but you are ultimately responsible for payment and remaining balances. We will then send you a statement if a balance remains, which is due within 30 days of notification. If payment is not received after 90 days, your account will accrue a 1% finance charge every month until payment is made. A \$25 fee will be assessed for all returned checks.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our front desk.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below, I acknowledge receipt of the notice of Privacy Practices. This will be retained in your medical record.

Signature _____ Date _____

Optomap Consent (more information about this scan is available at the front desk)

I elect to have Optomap Wide-Field Retinal Scan performed as part of my eye health exam _____

I elect **not** to have Optomap Wide-Field Retinal Scan performed as part of my eye health exam _____

How did you hear about us?: Insurance List / Yelp / Search Engine / Sign / Friend or Relative / Doctor / Returning Patient

Who may we thank for the referral? _____