



## Retinal Exam

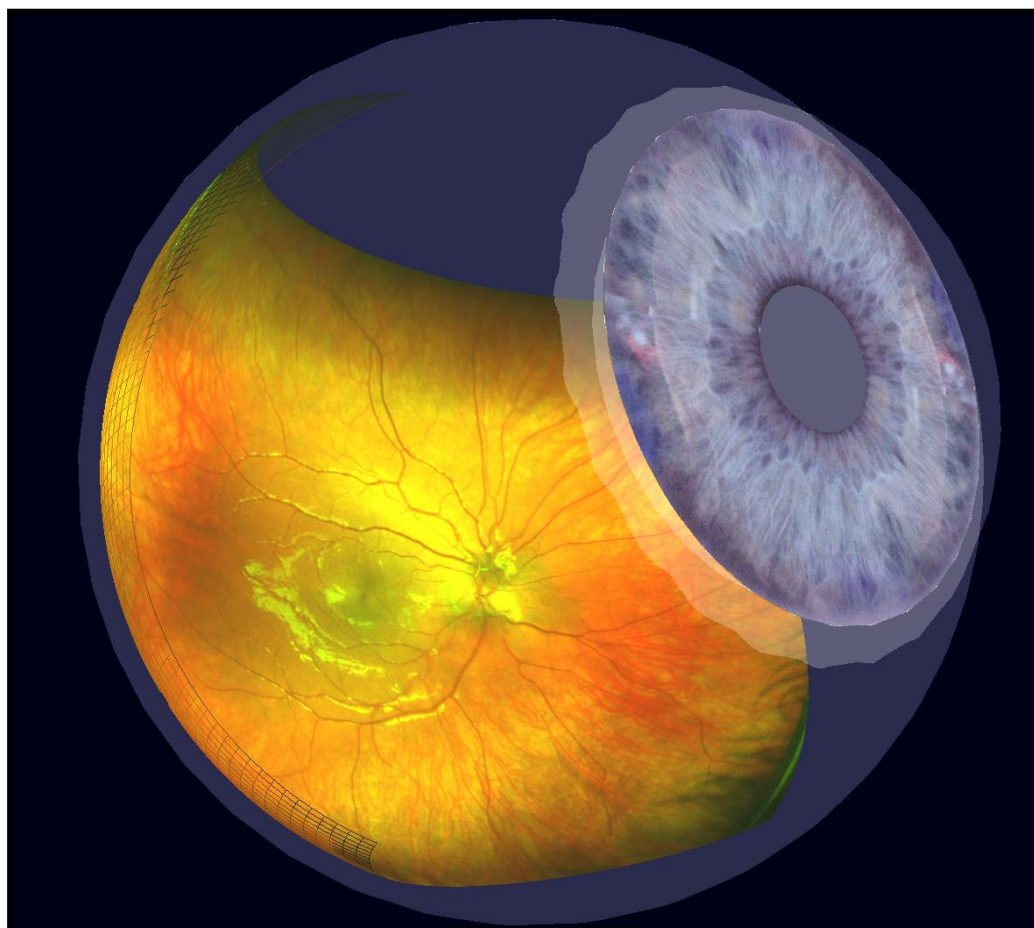
Queen Anne Eye Clinic is excited to introduce a new technology, called the **Optomap®**, which will be used as part of your eye exam to take a digital scan of the back of your eye. It will help evaluate the **overall health** of your retina, and detect eye diseases such as diabetes, glaucoma, macular degeneration, and even cancer.

**This new technology allows the doctor to view 80% of your retina without dilation.**

It will also identify a presence of any retinal lesions, such as holes, tears or detachments, which can present without any signs or symptoms and can cause permanent vision loss.

**Your Doctor strongly believes that the Optomap® Retinal Exam is an essential part of your comprehensive eye exam and prescribes it for all patients once per year.**

The Optomap screening comes with a **fee of \$39** and your Doctor will review the images with you during your exam today.



**Please mark your selection on your registration form on the following page:**

# Patient Registration

Mr.  Mrs.  Ms.  Dr.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Name Preference: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Work

Email: \_\_\_\_\_  I would prefer NOT to receive text/email notifications

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Vision Insurance: \_\_\_\_\_

Primary Insurance Holders Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Patient:  Self  Spouse  Parent  Domestic Partner / SSN (if not self): \_\_\_\_-\_\_\_\_-\_\_\_\_

Medical Insurance: \_\_\_\_\_

Primary Insurance Holders Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Patient:  Self  Spouse  Parent

How did you hear about us: Insurance List / Phone Book / Yelp / Search Engine / Sign / Friend or Relative / Doctor

Who may we thank for the referral? \_\_\_\_\_

## 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-\$170. Evaluation for specialty and therapeutic contact lenses vary depending on complexity.
- All materials (eyeglasses, contact lenses, etc.) must be paid in full before they can be taken from the office. 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.
- **There is a \$60 no show/cancellation fee for any cancellations made less than 24 hours prior to a scheduled appointment. Please provide notice at least 24 hours prior to appointment time to allow us to accommodate other patients.**

## 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:

I elect to have the Optomap as part of my eye health exam \_\_\_\_\_

I elect **not** to have the Optomap today as part of my eye health exam \_\_\_\_\_