MT. PLEASANT EYE SURGEONS
874 Whipple Road, Suite 200 • Mount Pleasant, SC 29464 Phone:
(843) 277 - 6600 • Fax: (843) 405 - 0434 office@mtpes.com

NICOLE LEGARE, MD

Patient Demographic Information

First Name: _____Last Name _____MI: _____

Date of Birth: _____SS#: _____Email: _____

Phone #: _____ Cell #: _____

Address: _____

City: _____State: _____Zip Code: _____

Employer: _____Work #: _____

Emergency Contact: _____

Phone #: _____Relationship: _____

Primary Care Physician: _____Phone #: _____

Insurance:

Primary Insurance: _____ Policy Holder Name: _____

Secondary Insurance: _____

How did you hear about us: _____

Signature: _____

Date: _____

Name: _____ MEDICAL HISTORY QUESTIONNAIRE Date: _____

FAMILY HISTORY

Does anyone in your immediate family have any of the following conditions? If so, indicate relationship to you for each condition on the lines provided:

☐ BLINDNESS _____ ☐ CATARACT_____ ☐ CROSSED EYES _____

☐ GLAUCOMA _____ ☐ DIABETES _____ ☐ MACULAR DEGENERATION_____

MEDICAL HISTORY

What type of medical problems do you have (ex: high blood pressure, diabetes, etc.)?

_____

_____

Do you have any allergies to medication?☐ YES ☐NO If yes: _____

List **ALL** medications, including eye drops, that you are taking on a regular basis:

_____

_____

List any surgical procedures you have had:

_____

_____

SOCIAL HISTORY

Do you drive? ☐ YES ☐ NO Do you use recreational drugs? ☐ YES ☐ NO

Do you use tobacco products? ☐ YES ☐ NO Do you drink alcohol? ☐ YES ☐ NO

If yes, what type? _____

OCULAR HISTORY

Do you wear contacts? ☐ YES ☐ NO

Do you wear eyeglasses? ☐ YES ☐ NO Do you wear over the counter reading glasses? ☐ YES ☐ NO

Date of last eye exam: _____ Name of eye doctor: _____

Have you ever been diagnosed with any of the following condition? If yes, please check the box(s) below.

☐ Cataracts ☐ Retina defects or degenerations ☐Strabismus/"crossed eyes"

☐ Age-related Macular Degeneration ☐ Iritis or Uveitis ☐"Lazy Eye"

☐ Glaucoma ☐ Floaters and/or flashes of light

☐ Diabetes ☐ Eye infection, inflammation, or allergy

☐ Diabetic Retinopathy ☐ Dry Eye

Are you having any of the following eye concerns? If yes, please check the box(s) below.

☐ Redness ☐ Discharge ☐ Itching ☐ Eye Strain

☐ Burning ☐ Tearing ☐ Blurred Vision ☐ Sensitivity to Light

☐ Glare ☐ Floaters/Flashes

Additional eye concerns: _____

Preferred Pharmacy _____ Phone number: _____

PATIENT CONSENT FORM, HIPAA RELEASE, & NOTICE OF PRIVACY PRACTICES

This form is to inform that Mount Pleasant Eye Surgeons **Notice of Privacy Practice** provides information about how we may use and disclose health information about you. The notice contains a Patient Rights section describing your rights under the law. You have the right to review our notice before signing the consent. The terms of our notice may change, if we do, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor the agreement.

By signing the form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior consent. The practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

1. Protected health information may be disclosed or used for treatment, payment or health care operations, including appointment reminders by post card or messages on an answering machine.
2. The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
3. The Practice reserves the right to change the Notice of Privacy Policies.
4. The Patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions.
5. The patient may revoke this consent in writing at any time and all future disclosures will cease.
6. The Practice may condition treatment upon the execution of this consent.

This Consent allows the practice to disclose my information to the following people:

Name: _____Relationship to Patient:_____

Name: _____Relationship to Patient:_____

Signature of Consent: _____ Date: _____

SIGNATURE ON FILE

• I authorize use of this form on all my insurance submissions.

• I authorize release of information to all my insurance companies.

• I understand that I am responsible for my bill if the insurance company does not pay for any reason.

• I authorize my doctor and their billing company to act as my agents in helping me obtain payment for my insurance companies.

• I authorize payment direct to my doctor.

• I permit a copy of this authorization to be used in place of the original.

• I agree to pay all fees plus prevailing interest if I am taken to collections for unpaid bills.

Printed Name **Signature** **Date**

FINANCIAL POLICIES AND BILLING PROCESSES

- **Payment Due**: I understand that payment is due when service is rendered.
- **Copay, Coinsurance and Deductibles**: It is my responsibility to know what my copay, coinsurance and deductibles are, and my obligation to pay this at the time of service or when a statement is received.
- **Billing Fee:** If I am not able to pay my copay, deductible or coinsurance portion at the time of service my appointment may be rescheduled.
- **Insurance Coverage:** I acknowledge that the insurance cards I have presented are current and accurate.
- **Non-covered Services:** I understand that some services may be considered non-covered services by my insurance plan. I understand that it is my responsibility to know what my insurance does or does not cover and I understand that I am financially responsible for paying all non-covered services.
- **Denied Charges:** I understand that some charges may be denied by my insurance carrier as investigational, experimental or not medically necessary and will not be paid by my insurance carrier. I understand that my physician feels these services are needed whether my insurance carriers deems them payable or not and that I am obligated to pay for these services in full.
- **Refractions:** Refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary in order to write a prescription for glasses or contact lens. Medicare and most medical insurance do not cover the fee for refractions. I understand that I am responsible for this fee and it is payable at the time of service. We can, at your request, file your refraction charge with your insurance plan. If your insurance policy pays this fee. We will then be refunding your payment. *(SEE FULL REFRACTION POLICY)*
- **Participating Insurance Plans:** If the practice is not a participating provider in my insurance plan, I will be responsible for filing my own claims and I will be responsible for paying in full at the time of service.
- **Returned Checks & Past Due Accounts:** Returned checks will be subject to collection charges, penalties and interest. All accounts are considered past due if not paid within 90 days of first statement. Past due accounts may result in collection turnover and subject to penalties and interest, or the refusal of future appointments until old balances have been paid in full. The practice does not accept post dated checks.
- **Vision Plans:** The practice participates in one vision plan - Eyemed. It is your responsibility to know if we are in network with your vision plan.
- **Medical Plans that have Vision Benefits**: Please be advised that some medical plans do have routine vision benefits; however, sometimes these vision benefits are with a different carrier than your medical plan. We may be participating providers with your medical plan but not your vision plan. Please contact your carrier to verify your benefits and whether the practice is a provider for both your medical and vision plan.
- **Surgery Charges:** The practice will make every effort to determine your insurance benefits and to relay to you what you will owe for surgery charges, please keep in mind that this is just an estimate. Please be aware that when surgery is performed, you may incur additional charges (in addition to the surgeon's fees) from the surgery facility, anesthesiologist, laboratory or radiologist
- **Authorizations:** Some insurance plans require you receive a prior authorization for services by a specialist, please review your policy to see if there is such a requirement and obtain this authorization prior to your visit with our clinic.

I have read and understand the financial policies for Mount Pleasant Eye Surgeons and agree to adhere to the policies listed above.

_____

Printed Name Signature Date

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Medical vs. Vision Insurance Explained

What is **Vision** insurance, and how is it different from **Medical** insurance?

A Vision insurance policy is different from your health insurance policy. Regular medical health insurance protects you from unexpected costs for eye injury or disease. In contrast, vision insurance provides an added wellness benefit for **healthy eye exams (Routine)**, which includes routine eye care, prescription eyewear and contact lenses, and other vision services at a reduced cost. Some examples of vision insurance include Eyemed and Physicians Eye Plan (PEP)

What does **vision insurance** cover?

Most vision insurance plans include the following benefits:

· Annual Vision exams · Eyeglass frames · Eyeglass lenses
· Contact lenses · Contact lens fitting

Check with your plan to see if your benefits cover you once every year or once every two years. Eyeglass frames and lenses and contact lenses can usually be purchased at a discount, but not every plan has this benefit.

What does my vision insurance NOT cover?

Vision plans do not cover any part of an eye exam considered “medical”. For example, vision insurance will not cover vision loss, floaters, dry eyes, allergies, infections, eye disease, or eye exams for complications from diabetes. If you need medication, the doctor will not be able to give you a prescription if you are using a vision insurance.

What kinds of Vision insurance plans are available?

Typical vision insurance plans include benefits in exchange for a yearly fee. Just like your medical insurance, this means that you may have a yearly deductible and/or copays for exams and other services.

When do I use my **medical insurance** at the eye doctor’s office?

Your medical insurance is usually used if you have an eye problem or eye disease or if any medical condition is present that causes eye problems. Some common conditions for which we will bill your medical insurance include:

- Patients with vision loss, floaters, dry eyes, allergies, infections, etc.
- Monitoring cataract development, examination of patients possessing diabetes

- Examination of patients using medications with potential eye side effects, such as steroid medications, arthritis medications, etc.
- Patients that are at high risk for glaucoma development, patients with macular degeneration

When you call in to make your next appointment with the eye doctor, make sure to explain the purpose of your visit so that we bill the appropriate insurance. Additionally, please always bring your insurance card(s) with you to every appointment.

Will **Medicare** cover my eye exam for new glasses or contact lenses?

Unfortunately, no. Medicare does not cover routine eye exams where your glasses or contact lens prescription is checked. Medicare will only pay for eye exams relating to medical complaints.

Can I use my vision insurance and my medical insurance for a joint exam on the same day?

No. By law, we cannot bill two different types of insurance on one day. There are two alternatives.

1. We can always schedule your medical and vision visits on separate days, allowing us to bill your insurances on different days. You may have to go through some repetitive parts of the exam on those days because by law there are certain things the eye doctor must document at every visit.
2. If you need to schedule your medical and refraction exam on the same day, another option is billing your medical insurance for the medical exam (don't forget, this may include a copayment at the time of your visit) and paying the additional flat rate for a refraction ($50.00).

Why is insurance so complicated?

Good question! We don't make the rules, we just follow them. You can call the phone number on the back of your insurance card or look up your insurance policy details online. Ultimately it is your responsibility to understand the policies of your insurance companies, both medical and vision. It is also your responsibility to inform us when you check in if you do have a vision plan. Please call us if you have any remaining questions

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REFRACTION POLICY & ACKNOWLEDGEMENT OF RECEIPT

What is a refraction? Refraction is the test that determines how much optical error (nearsightedness, farsightedness, or astigmatism) is present in your eyes and determines your glasses prescription. More importantly, refraction gives your doctor valuable information about your best possible vision and provides essential medical information to help full assess your eyes and identify problems. A lack of refraction may limit your complete eye exam.

> Example: If your vision has declined, the refraction helps your doctor determine if the decrease in vision is from the need for glasses or another medical problem. It is also required prior to cataract surgery to have a refraction on file for your insurance company.

When is a refraction recommended? Typically, we recommend refraction for every new patient, at least once per year for established patients, and for anyone with a decrease in vision.

Will my insurance cover the refraction fee? The vast majority of *medical/health* insurance plans (including Medicare) do NOT cover the cost of the refraction. Some *vision* plans pay for a refraction, but we are not in network with all vision plans. We cannot file insurance on both the medical and routine vision plan for the same visit.

How much is a refraction? <u>We charge $60 for ALL refractions, regardless of whether or not you get a new glasses prescription.</u> The fee is in addition to any office co-pay or deductible for which you are responsible and is **<u>due at the time of service.</u>** Should your plan pay us for the refraction, we will reimburse you accordingly.

Can I decline a refraction? The technician or physician will inform you **BEFORE** a refraction needs to be performed and you will have the option to decline, with the understanding that declining the refraction may be limiting your physician's evaluation of your eyes.

> *Note: Should you decline refraction at your visit, and then lose or break your glasses, we will not be able to provide a replacement glasses prescription unless we have a current refraction done here within the last 1 year.*

Acknowledgement: I have read the above/attached information and understand that the refraction may be a non-covered service and I accept full financial responsibility for the cost of the service and understand it is due at the time of service unless it is covered by my insurance.

_____ _____
Patient's Name (printed) **Date**

_____ _____ _____
Patient Signature (Legally responsible applicable) **Relationship to patient** **Staff Witness**