

**EXACT**  
EYE CARE

# Individual Patient Insurance Information

exacteyecare.com

Name \_\_\_\_\_ Account \_\_\_\_\_

Thank you for choosing Exact Eye Care for your eye and vision care needs. **The primary objective of our clinic is to preserve and protect your gift of sight.** This is our standard of care. We accomplish this by using the best technology combined with highly trained staff and doctors who provide patient-centered state-of-the-art care.

Government regulations, along with insurance payer rules, are continuing to change with stringent objectives. These objectives must be met to remain in compliance with new and existing health insurance contracts. As a courtesy to you, we will research your insurance benefits to help assist you in making informed decisions about your care. The information we obtain will be provided to us by your insurance company about your specific plan. **This information we are given regarding your benefits is not a guarantee of service.** Therefore, on occasion this will result in billable fees that will be your responsibility to pay. **Payment in full will be due on date of service.**

*See reverse side of this form for conditions and symptoms that apply for vision-medical eye coverage and check all that apply.*

**If options with your coverage allow, please choose one of the following to indicate your preference.** Please note that we will always strive to honor your preference when your benefits allow.

### Medical Insurance Options:

I wish to use my medical vision wellness benefit with an office co-pay. Co-pay as quoted by my insurance company is \$\_\_\_\_\_. If there is a variation of this benefit we will present the details to you.

I wish to use my primary medical insurance for my visit today because I was instructed to return for monitoring of my eye health conditions, or I have a new symptom or a medical condition that requires evaluation. (See attached form for conditions and symptoms that apply for medical eye coverage). Fees charged are in accordance to the insurance plan that you have and the contract our physicians signed to accept the fees as stated by the plan. Office co-pays range from \$0 to \$90. You are required to pay the co-pay and any deductible amounts that have not been satisfied which, apply to your evaluation today as quoted by your insurance plan.

Co-Pay quoted by your insurance is \$\_\_\_\_\_. (Exam copay + \$60-90, contact fit if applicable)

### Managed Vision Care Plan Options:

I wish to use my managed vision care plan.

Expected Pt Fee: \_\_\_\_\_ (Exam copay + \$39 Optos = \$\_\_\_\_\_ + \$60-90, contact fit if applicable)

### Cash Pay Options: \$95 + \$60-90, contact fit if applicable

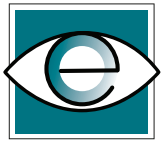
I wish to pay cash for the services received today with an administrative discount off the usual/customary fees.

I am aware that additional diagnostic tests may be indicated for documenting medical eye conditions to aid in the management, treatment or protection of my vision during this evaluation. I will be informed of these costs prior to the care being provided. I agree that I will be responsible to pay these fees indicated at the time of checkout. I also accept responsibility for and will pay any out-of-pocket fees extended beyond my co-pay and applicable deductible that apply to the visit I have selected.

Initial \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date



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[exacteyecare.com](http://exacteyecare.com)

**Systemic health conditions  
indicating need for a medical  
eye exam:**

- Headaches of any type
- Diabetes
- Poorly controlled
- Hypertension
- Arterial sclerosis
- Rheumatoid arthritis
- Graves disease: hyperactive thyroid
- Multiple sclerosis
- Sickle cell disease
- AIDS
- Any autoimmune disease
- Patients using high-risk medication, oral steroids, Plaquenil

**Eye conditions prompting  
need for medical eye  
evaluation:**

- Cataracts
- Glaucoma
- Macular degeneration
- Allergies
- Blepharitis
- Floaters
- Flashes and floaters
- Eye fatigue and headaches
- Red eyes
- Blurred vision
- Increased light sensitivity
- Previous uveitis
- High eye pressure/ocular hypertension
- Family history of glaucoma
- Peripheral degeneration of the retina
- Contact lens associated conjunctivitis
- Bumps or lumps along the eyelid margin
- Droopy eyelids
- Keratoconus
- Dry eyes

**Visual or eye symptoms  
prompting need for medical  
eye examination:**

- Glare at night
- Halos around lights
- Morning crust along eyelids
- Red eyes
- Itchy eyes
- Fluctuating
- Blurred vision not corrected with current glasses or contacts
- Headaches and eye fatigue
- Double vision
- Ghosting of vision
- Vision improved by blinking
- Pain around eyes
- Irritation around eyelid
- Gradual loss of vision
- Flashes and floaters
- Intolerance to contact lens
- Twitching eyelid
- Lights in vision that last 15-20 minutes
- Pain on eye movement
- Pain behind the eye
- Change in color vision
- Sudden distortion

I am not experiencing any of the above symptoms or conditions

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Patient Signature

Date