

## OPTOMAP RETINAL IMAGING

- Provides the doctor with a detailed scan of the retina to assess the health of your eyes.
- Allows the doctor to detect the presence of disease early into its progression.
- The images serve as a baseline of your ocular health, allowing for future comparisons that help to discover or detect any changes to retinal health.

**The fee for OPTOMAP retinal imaging is \$45.00.**

(Recommended for all new patients, diabetics, hypertensive, glaucoma, AMD and high myopes) Not covered by most vision insurances but maybe covered under health insurance.

**Yes, I consent to have retinal imaging performed today.**

**No, I would like to discuss with the doctor about my need for retinal imaging.**

## VISUAL FIELD SCREENING

- The visual field screening tests the integrity of the optic nerve pathway.
- It is a non-invasive computerized test which helps detect early signs of glaucoma, optic nerve disorders, retinal diseases, and even certain brain tumors

**The fee for the VISUAL FIELD test is \$25.00.**

(Recommended if high risk of glaucoma, cataracts, head injuries or needing DMV form) Not covered by most vision insurances but maybe covered under health insurance.

**Yes, I consent to having my visual field tested today.**

**No, I would like to discuss with the doctor about my need for visual field testing.**

## VISION & MEDICAL INSURANCE AGREEMENT

**This financial agreement applies to all patients.**

Many have a vision care plan (EyeMed, VSP, Davis, etc.) or medical insurance (BlueCross BlueShield, Aetna, Medicare, etc.) or both. If you plan to use any insurance for your visit, we want you to understand the difference between them and how that applies to your visit. It is important to understand the difference because they differ in what they can cover as well as the copays. The amount of coverage can depend on the plan you selected as well as the insurance company you have chosen. It is impossible for us to know how every insurance plan works but we try our best to provide accurate information regarding your plan before, during and after your visit. We always make every effort to utilize your insurance(s) in a manner that is in your best interest.

**Vision coverage** is designed to determine a prescription for glasses or contacts, some plans will cover the contact fitting fee while others do not. Vision coverage is not designed to deal with complex medical conditions/diseases and does not include a detailed retinal exam. Therefore, the fee for this service is usually lower.

When a medical condition or diagnosis is present (such as hypertension, diabetes, glaucoma, cataract, dry eyes or any other disease), it is necessary to file with your **medical insurance**. Any copays and/or deductibles you have for that insurance are applicable. If you do not have medical insurance but require a medical exam, please understand you may be required to pay a higher fee or schedule a separate exam for the medical portion of your visit.

We make every effort to be in network with most major insurance carriers both medical and vision. In the event that we are out of network with your insurance we will try to bill for an out of network claim or help assist you in filing your own claim for reimbursement.

If you plan to use insurance for your visit, we HAVE to be able to verify coverage before you are seen.  
The ONLY exception is in the event of an ocular emergency.

**All fees, insurance copays, and contact fitting fees (that insurance may not cover) are due at the completion of your visit. If you have any questions, please let us know.**

**Eye examinations are considered a service and therefore all fees are NONREFUNDABLE after services have been rendered.**

By signing below, you state that you have read and understand the above information. Whether or not you have insurance, you also understand that you are responsible for all fees/charges not covered by your insurance and agree to pay for any attorney and/or collections fees if you fail to pay your bill in a timely manner. I understand the information I've just read about the difference between vision and medical insurance. I authorize Dr. Peter T. Pham & Associates, LLC to file my claim with the appropriate insurance based on the reason for my visit and the results of my examination.

Patient Name \_\_\_\_\_

Signature of Patient (or Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_