317 East Main Street
Newark, Delaware 19711
302.737.5777
302.737.0142 (F)

Vision Center of Delaware

Dr. Amy M. Farrall

Patient Name:________________________ Date of Birth:____________
Gender: ☐ M or ☐ F Ethnicity:______________ Date of Exam:____________
Address:____________________ City:________ State:______ Zip:______
Cell Phone:__________Home Phone:__________Email:______________
SS Number:__________ Employer:______________ Referred By:____________

Do you have **VISION** insurance? ☐ Yes ☐ No
If yes, what kind? ☐ EyeMed ☐ NVA ☐ VBA ☐ VSP ☐ Spectera ☐ Other:__________
Name of Insured:____________ Relation to Patient: ☐ Self ☐ Spouse ☐ Parent/Guardian
Insured's DOB:__________ Policy #:____________ Insured's SS Number:__________
Do you have **MEDICAL** insurance? ☐ Yes ☐ No
If yes, what kind? ☐ Aetna ☐ BCBS ☐ Medicare ☐ Cigna ☐ UHC ☐ Other:__________
Name of Insured:____________ Relation to Patient: ☐ Self ☐ Spouse ☐ Parent/Guardian
Insured's DOB:__________ Policy #:____________ Insured's SS Number:__________

Vision History

When was your last eye exam?__________
Name of previous eye Dr.:____________
Do you wear eyeglasses? ☐ Yes ☐ No
Do you wear contact lenses? ☐ Yes ☐ No
If yes, what type:______________
Do you sleep in your contacts?: ☐ Yes ☐ No
Do you use eye drops?: ☐ Yes ☐ No
Have you ever had eye surgery? ☐ Yes ☐ No
What kind?________________

Have you or a blood relative had any of the following:

Condition	Self	Relative
Blindness	☐ Self	☐ Relative
Cataracts	☐ Self	☐ Relative
Cross Eye	☐ Self	☐ Relative
Glaucoma	☐ Self	☐ Relative
Headaches	☐ Self	☐ Relative
Amblyopia (Lazy Eye)	☐ Self	☐ Relative
Retinal Disease	☐ Self	☐ Relative
Eye Injury/Trauma	☐ Self	☐ Relative
Eye Infections	☐ Self	☐ Relative
Double Vision	☐ Self	☐ Relative
Flashes/Floaters	☐ Self	☐ Relative
Macular Degeneration	☐ Self	☐ Relative
Dry Eye	☐ Self	☐ Relative
Iritis	☐ Self	☐ Relative
Diabetic Retinopathy	☐ Self	☐ Relative
Optic Nerve Disease	☐ Self	☐ Relative
Blurred Vision	☐ Self	☐ Relative

Medical History

List of medications:
____
____
____
Allergies to medications:
____
Primary Care Physician Name:
____
Specialist Name:______________

Have you or a blood relative had any of the following:

Condition	Self	Relative
Arthritis	☐ Self	☐ Relative
Asthma	☐ Self	☐ Relative
Blood/Lymph Nodes	☐ Self	☐ Relative
Cancer	☐ Self	☐ Relative
Psychiatric	☐ Self	☐ Relative
Diabetes	☐ Self	☐ Relative
Ear/Nose/Throat	☐ Self	☐ Relative
Heart Problems	☐ Self	☐ Relative
High Blood Pressure	☐ Self	☐ Relative
Seizures	☐ Self	☐ Relative
Digestion Issues	☐ Self	☐ Relative
Thyroid	☐ Self	☐ Relative
Urinary/STD	☐ Self	☐ Relative
Multiple Sclerosis	☐ Self	☐ Relative
Respiratory	☐ Self	☐ Relative
Pregnant/Nursing	☐ Self	☐ Relative
Seasonal Allergies	☐ Self	☐ Relative

Social History

Do you smoke? ☐ Yes ☐ No
Have you ever had a blood transfusion? ☐ Yes ☐ No
Do you drink alcoholic beverages? ☐ Yes ☐ No
History of any STDs? ☐ Yes ☐ No

317 East Main Street
Newark, Delaware 19711
302.737.5777
302.737.0142 (F)

Dr. Amy M. Farrall

Examinations and Office Visits: Our doctors are committed to providing you and your family with excellent eye care.Each patient has different eye care needs. If you have any questions regarding recommended treatments and insurance coverage, please contact your insurance company. Insurance company recommendations are generalized guidelines and may not be appropriate to your individual case.

Appointment Scheduling: It is customary for a medical practice to require at least **24 hour** notice in advance to cancel or reschedule an appointment. Canceling with less notice inconveniences other patients who need eye care. Any patient who misses an appointment without 24 hours notice will be subject to a **$30 fee**.

Participating vs. Nonparticipating Providers: Please ask if we participate with your insurance carrier **before** you receive treatment. A listing of insurance companies with which we participate is located on our website. **Whether we participate with your insurance company or not, payment is due in full at the time of service.** You are responsible for understanding your insurance company's policies regarding referrals, payments, coverage, etc. Your medical insurance is a contract between you and your insurance company. All charges are your responsibility from the date the service is rendered regardless of insurance coverage. This contract is between Vision Center of Delaware and you, and supersedes any agreement you may have with your insurance company.

Insurance Cards and Vouchers: Any insurance card, voucher, or referral must be presented at the time of service. We cannot bill retroactively with information presented after your visit.

Medical Referrals: You are responsible for obtaining all necessary referrals for testing and office visits as required by your medical insurance company. The Vision Center of Delaware is unable to guarantee benefits or authorizations.

Medicare Patients: Effective immediately, Medicare patients are responsible for the refraction portion of their examination. Medicare will not cover this cost. The cost for refraction is **$35**.

Eyeglasses: We would like to fabricate your eyeglasses as needed. When placing your order, a 50% deposit is required. No glasses may be taken from the office unless all account balances are paid in full. We do not bill medical insurance companies for glasses. (Exceptions: NVA, VBA, VSP, Eyemed, Superior Vision). If you choose to utilize your own frames not purchased at the time of your visit, Vision Center of Delaware, along with its eyeglass laboratories, are not responsible for any damages that occur to the frame while in our possession. **Once fabrication of your glasses order has started, deposits are non-refundable and glasses are non-returnable.**

Contact Lens Wearers: Professional fees associated with the fitting and measuring of contact lenses are not covered by medical insurance policies and are NOT part of the comprehensive eye examination. We do not bill medical insurance companies for lenses, fittings and evaluations. (Exceptions: NVA, VBA, VSP, Eyemed, Superior Vision, or medically necessary contact lenses). When placing your order, a 50% deposit is required. **Contact lens prescriptions are only good for 1 year by DE state law. It is our office policy that all contact lens wearers have a yearly eye exam to have their contact lens prescription updated.**

Payments: We accept cash, personal checks, money orders, Visa, Mastercard, and Discover. Payments for non-covered services and co-payments are due at the time services are rendered. Post-dated or third party checks are not accepted. **We reserve the right to withhold any ordered materials, prescriptions or medical information until any and all outstanding balances are paid in full.**

Past Due Outstanding Balances: All accounts with a balance outstanding beyond 60 days are handled by an independent collections agency. The patient will be responsible to pay the collection agency fee of 55% of balance and/or court and attorney fees.

Returned checks: Accounts will be charged an additional $30.00 fee for all returned checks. You will be notified by phone and mail. If account is not paid in full within 10 days of receiving our phone call/letter, the account will be handled by an independent collections agency. The patient will be responsible to pay all outstanding fees associated with any returned checks.

Medical Records: If for any reason you wish to have your medical records forwarded to another practitioner, a $15 fee will be assessed.

Privacy Act Notice: A copy of the Notice of Privacy Act is posted at the front desk and will be made available to all patients for review upon request.

I have read and understand all the above stated policies.

Signed: ______________________________ Date: ________________

317 East Main Street
Newark, Delaware 19711
302.737.5777
302.737.0142 (F)

Dr. Amy M. Farrall

MEDICAL VS. VISION EXAM

What is the difference between a Medical Eye Exam and a Vision Exam?

Insurance coverage for eye exams varies. Some plans only cover routine, well eye exams. Other plans will not pay for your exam unless you have a medical eye condition or disease. Some plans require a referral from your primary physician. Be sure to check your policies to determine your coverage prior to your appointment. For insurance purposes, eye examinations are divided into two categories:

Vision exams

These are routine or "Well Vision" exams for people who have no eye disease or symptoms of disease. Your eyes will be examined for any needed correction (glasses or contact lenses) or any potential indicators of eye disease. If your doctor finds anything abnormal during your vision exam, further testing of medical nature may be needed at another visit. In that case, your medical insurance would be billed. Routine vision eye exams do not qualify for prescribing medications. Yearly diabetic eye exams will not be billed to insurance under vision coverage.

Medical Exam

This is a medically necessary comprehensive examination for the diagnosis and treatment of diseases and conditions of the eye performed by a physician/surgeon. This exam evaluates the reasons for the symptoms and assesses any treatment needed. Some conditions evaluated with medical eye exams include cataracts, glaucoma, diabetic retinopathy, macular degeneration and many other potentially sight-threatening diseases. Most patients will have a refraction done during either type of exam. A refraction diagnostic test used to determine your best corrected vision. For some medical conditions a refraction is needed even when eyeglasses are not prescribed. The majority of insurance companies do not cover this procedure. If your insurance does not cover your refraction, you will be asked to pay the fee of $35.00.

Patient Initials: ______________ Date ________________