



Dr. Amy M. Farrall
317 East Main Street
Newark, Delaware 19711
302.737.5777
302.737.0142 (F)

Patient Name: _____ Date of Birth: _____
 Gender: M or F Social Security No.: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Cell Phone: _____ Employer: _____
 Email: _____

Do you have **VISION** insurance? Yes No
 If yes, what kind? EyeMed NVA VBA VSP 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

Medical 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? _____

List of medications: _____

 Allergies to medications: _____

 Primary Care Physician Name: _____

 Specialist Name: _____

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

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

- 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

- 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
- STD Self Relative
- Seasonal Allergies Self Relative

Social History

Do you smoke? Yes No
 Are you currently pregnant and/or nursing? Yes No
 Do you drink alcoholic beverages? Yes No
 Have you had a blood transfusion? Yes No



Dr. Amy M. Farrall
317 East Main Street
Newark, Delaware 19711
302.737.5777
302.737.0142 (F)

Examinations and Office Visits: Dr. Amy Farrall is 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.

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. One time courtesy redo with no refunds. 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, VCD 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. PD measurements are NOT a part of your prescription. There is a \$35 charge.**

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, bank checks, Visa, Mastercard, Discover, American Express and Care Credit. 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. Effective immediately **Medicare and most Medical Insurances will not pay for refraction** patients will be responsible for a **\$45 refraction fee**.

Past Due Outstanding Balances: **We reserve the right to withhold any ordered materials, prescriptions or medical information until any and all outstanding balances are paid in full.** 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 **\$50.00 fee** for all returned checks. You will be notified by phone and mail. If the 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, we will need a signed records release form.

I have read and understand all the above stated policies.

Signed: _____ Date: _____



Dr. Amy M. Farrall
317 East Main Street
Newark, Delaware 19711
302.737.5777
302.737.0142 (F)

Medical, Routine, and EOB

Patient Name:

Date:

We are often asked about the difference between **medical** and **routine** eye exams. Both medical and routine eye exams may include the same components: such as refraction (**which might not be covered with certain medical insurance coverage**), dilation, intraocular pressure testing, and a personal examination by an eye care professional. Both medical and routine exams are completed by either an **optometrist** or an **ophthalmologist**.

The primary difference in **medical** and **routine exams** is often determined by insurance providers based on reasons (**or a chief complaint**) or the physician's **findings or diagnosis**. A medical exam includes diagnosis and treatment of an eye disease or malady (like glaucoma, conjunctivitis, or cataracts). A routine eye exam, on the other hand, includes diagnosis and treatment of non-medical complaints, like astigmatism, or farsightedness.

An explanation of benefits (commonly referred to as an EOB form) is a statement sent by your health insurance provider describing what costs will be covered for the medical care or products you've received. The EOB is generated when your provider submits a claim for the services you received. The insurance company sends you EOBs to help make it clear:

- **The cost of the care you received**
- **Any money you saved by visiting in-network providers**
- **Any out-of-pocket medical expenses you'll be responsible for**

Patient's Initials _____



Dr. Amy M. Farrall
317 East Main Street
Newark, Delaware 19711
302.737.5777
302.737.0142 (F)

HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPPA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law.
- The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

May we phone, email, or send a text to you to confirm appointments? **YES NO**

May we leave a message on your answering machine at home or on your cell phone? **YES NO**

May we discuss your medical condition with any member of your family? **YES NO**

If YES, please name the members allowed:

This consent was signed by: _____

(PRINT NAME PLEASE)

Signature: _____ Date: _____ Witness Initials: _____



Dr. Amy M. Farrall
317 East Main Street
Newark, Delaware 19711
302.737.5777
302.737.0142 (F)

Advance Beneficiary Notice of Noncoverage (ABN)

Note: If Medicare doesn't pay for the services listed below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health provider have good reason to think you need. We expect Medicare may not pay for the services listed below:

SERVICES	REASON MEDICARE MAY NOT PAY	FEE
<i>Refraction</i> (part of exam that determines eyeglass prescription)	<i>Medicare does not cover because this is a routine exam or screening procedure done in conjunction with a routine exam.</i>	\$45
<i>All professional services (co-insurance/deductible amounts)</i>	<i>Medicare covers up to 80% of services after Medicare deductible has been met. If there is no secondary insurance, the patient is responsible for the remaining balance.</i>	<i>Varies</i>

What you need to do now:

- Read this notice, so that you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.

We may ask to be paid now, but we will also bill Medicare for an official decision on payment, which is sent to you on a Medicare Summary Notice (MSN). Please understand that if Medicare doesn't pay, you are responsible for payment, but you can appeal to Medicare by following the directions on the MSN. If Medicare does pay, we will refund any payments made to us, less co-pays or deductibles.

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/ TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You may also request a copy for your records.

Signature: _____ Date: _____



Dr. Amy M. Farrall
317 East Main Street
Newark, Delaware 19711
302.737.5777
302.737.0142 (F)

RECORDS RELEASE: I hereby authorize you to release to me, at the above address, any information including the ocular and refractive diagnosis, pertinent findings, and records of any treatment from this patient's most recent visit(s) to your office. Thank you for your prompt attention to this request.

PREVIOUS OPTOMETRIST/OPHTHALMOLOGIST CONTACT INFORMATION

Patient Name: _____ **DOB:** _____

Patient Signature: _____ **DATE:** _____