Eyes of Starwood

What do I need to bring?

Please bring with you any prescription glasses and sunglasses that you currently wear. Please bring all insurance cards and id. Please bring a list of medications you are currently on and any eye drops. If you wear contacts, please bring them with you, the solution that you use, and the case that you store your contacts in.

How long should I plan for?

An exam can take between an hour to hour and a half, depending on your needs and services that you choose. If you decide to look for glasses or are training to wear contacts, the time here depends on you.

Do I need to bring medical records to my exam?

We can request them when you are here, but it can sometimes take the other office time to send them. We recommend that if you have a medical condition, it would be beneficial to have those records at the time of your exam.

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Personal Information (Nation Healthcare Reform Mandated) **Date:**_____

Patient Name:_____ **Date of Birth:** _____

Race:_____**Ethnicity:**_____

Social Security#:_____**Email:**_____

Address: _____**City, State, Zip** _____

Cell Number: _____**Daytime Phone:** _____

Employer and Occupation:_____

Please Circle :

Sex: Female or Male **Employment:** Ft Pt Not employed Student Retired

Marital Status: Single Married Partner Widowed Divorced Other

How shall we contact you? Please **circle** your preference: Email Phone Mail

How did you hear about us? _____

Whom is your primary physician?_____

Primary Insured Information-

Primary Insured Name: _____Primary Insured DOB: _____

Employer: _____Social Security:_____

Relationship to Insured: _____

Vision Insurance: _____ID:_____

Secondary Vision insurance (if applicable):_____

Medical Insurance: _____ ID: _____

Secondary Medical insurance (if applicable):_____

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Patient Name:_____**Cell**:_____**Email**:_____

I, _____, am financially responsible for this patient account, regardless of insurance coverage or self pay status.

Patient Privacy Act: Privacy information can be found on our website: https://www.eyesofstarwood.com/patient-forms.html.
Patient must sign if 18 or over. The Notice of Privacy Practice regarding the methods this office uses to keep my information private has been offered to me.

Financial Policy: We are dedicated to providing the best possible care to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. If you have any questions regarding these policies, please discuss them with our office staff.

As a courtesy, we are happy to file insurance claims on your behalf. We must have the insurance information at time of service. We will not file after the fact, but we can help you send a claim for your reimbursement. Our office policy is to collect the co-payment at the time of your visit. You will also be asked to pay any unmet deductible, co-insurance, and/or any non-covered services. **If your insurance company transfers any payment responsibility, you will be asked to pay any remaining balance.** Your portion of payment is due for glasses or contacts before an order will be placed. We accept Visa, MasterCard, Discover, cash, and checks. There will be a $30 charge for checks returned due to (NSF) non sufficient funds.

It is the patient's responsibility to notify our office if there is any change in your mailing address, contact information, or insurance coverage.

Sales: All sales are final. An optical order is a custom order that cannot be resold; therefore, it is nonrefundable. That said, we will work as hard as possible to ensure satisfaction with your order.

Office Policy: We are constantly growing and to assure our established patients get first choice when they are due their exam, we pre-appoint your yearly exams. If you do not wish to be pre-appointed, please provide in writing to be removed from this service. You understand that adjusting a frame or using an old frame instead of purchasing a new frame may not withstand the procedures necessary. Know that we or the lab will not try to harm the frame in anyway, but if it is not under warranty or purchased here, Eyes of Starwood cannot be held responsible for replacing it. We send all statuses on orders through email and texts, but you are always welcome to call on an order. We will not send any information to an email that we do not have on record from your paperwork.

*If you wish to authorize anyone to pick up records, eyewear, and/or discuss with them your medical history, please list their names below. You must submit in writing if you no longer wish for them to be authorized.

_____

Thank you for trusting us with all of your eye care needs. We look forward to working with you to address any concerns you may have regarding your eyes and eyewear. With your signature, you agree that we can use and disclose your health information and name to treat you, to obtain payment for our services, and to perform healthcare operations, such as filing insurance, ordering products, informing you orders are ready, leaving voice messages, informing you of your recall exam, etc.

Patient/Responsible Party Signature _____ Date_____

Eyes of Starwood: Cancellation Policy/No Show Policy

Cancellation/No Show: We reserve your appointment exclusively for you. Please understand that last minute cancellations postpone other patients from being scheduled. Eyes of Starwood classifies a 'no show' patient as one who fails to present to the office at the time of their appointment, or give at least 24 business hours notice of cancellation or rescheduling. Cancellations or rescheduled appointments without 24 business hours notice and 'no shows' will be assessed with a $25 fee. We require 48 notice when rescheduling more than one member of the same household if appointments are on the same day. Any patient who does not show for 2 appointments will be required to put a $50 deposit on future appointments at the time of scheduling. The deposit will be forfeited if they fail to attend that appointment. If the appointment is kept, then the $50 deposit will be applied to either services or products.

I have read and understand this policy: _____ Date: _____

Eyes of Starwood: Types of Services

Patient Name: _____

Medical Exam: If you have any conditions that require medical consultation, other than just updating your glasses or contact lens prescription, the comprehensive exam is medical. This includes **red eye, allergies, eye infections, eye injury, diabetes, or any other medical condition** that needs to be diagnosed, treated, or monitored. This exam does not include your refraction. Typically, this exam is billed through your health insurance. It is subject to any co-pay, coinsurance, deductible, or terms your insurance mandates. For your convenience, if your diagnosis does not prohibit, you can still update your glasses prescription the same day by submitting refraction to medical insurance. Not all insurances cover refractions, but they will have contract rates. If you do not use insurance, office visits are priced by the degree of complexity.

Annual Wellness Exam: A routine exam is a comprehensive eye exam that checks the health of the eye and includes a refraction. A refraction gives you a prescription for glasses. Additionally, our exams include retinal imaging. Retinal imaging is performed annually so we can catch changes in the early stages as many eye diseases have no symptoms until more advanced stages. This exam is typically filed through your vision insurance. It is subject to any co-pay, coinsurance, deductible, or terms your insurance mandates. If self pay, this visit is $188. The comprehensive exam is $99, the refraction is $50 and the retinal imaging (Optomap) is $39.

Refraction check: This procedure is a $50 charge, it requires that you have had a routine exam, and a current prescription that is not older that 6 months. A refraction check is with a doctor. A full exam is required instead of refraction check after 6 months. A refraction check is free if it is within 60 days after exam and glasses are made with us. A refraction check to verify glasses RX is free for 1 month after exam if you have glasses made at a different location. **You must see an optician to verify glasses before you can schedule refraction with doctor.**

Contact Lens Exam: A routine exam plus a contact lens evaluation.
Contact Evaluation/Fit: If you want an updated contact lens prescription, a contact lens evaluation is required in addition to the routine exam. **A contact lens evaluation is not considered a part of a routine vision exam.** The contact lens evaluation includes additional testing and is required every year in order to monitor the health of the eyes with the use of contact lenses. Contact lens evaluations are typically subject to vision insurance benefits or out of pocket expenses. Your contact lens evaluation includes any necessary contact lens follow up visits, up to a month from your initial visit without additional office visit fees. Please review below for detailed description on contact evaluations.

Level #1 contact standard evaluation- $125: Must have worn contacts previously and be fit for daily wear contacts for myopia or hyperopia correction. If new wearer, the evaluation is $145.

Level #2 contact premium evaluations- $135: Must have worn contacts previously and be fit in an extended wear contacts for myopia or hyperopia correction that are not gas permeable. If new wearer, the evaluation is $155.

Level #3 contact premium evaluations- $145: Must have worn contacts previously and be fit in daily, extended wear, or contacts for astigmatism or presbyopia correction. If new wearer, the evaluation is $165.

Level #4 contact premium evaluations- $155: Must have worn contacts previously and be fit in specialty ordered contact lenses, such as Gas Perms, for any correction. If new wearer, the evaluation is $175.

Level #5 Medically Necessary evaluation- $500: Certain diagnosis do apply. This will be discussed before proceeding.

I have read and understand the fee schedule:

_____ Date:_____