

WELCOME BACK TO OUR OFFICE

PATIENT INFORMATION:

Patient Name: _____

Patient's Address: _____

Patient's Home Phone: _____

Patient's Day Phone: _____

We are now making greater use of e-mail to communicate with our patients. To help us provide the most prompt service possible, please enter your current

e-mail address: _____

Patient's Birth Date and Social Security Number: _____

Married Single Widowed Other _____
Employed full time Employed part time Retired Student

Patient's Employer and Occupation: _____

Patient's Primary Care Physician: _____

Note: All patient information is kept strictly confidential.

INSURANCE INFORMATION:

Medical Insurance: _____

Insurance ID: _____

Other Insurance/Vision Plan: _____

Insurance ID: _____

Other Insurance/Vision Plan: _____

Insurance ID: _____

**Guarantor Information:(Parent or Primary member on Medical Insurance)
Self (leave blank) or Primary member on Insurance**

Guarantor's Name: _____

Guarantor's Date of Birth: _____

Guarantor's Social Security Number: _____

Relationship to patient:(mother, father, etc...) _____

PATIENT OR GUARANTOR'S SIGNATURES:

DATE: _____



Navarre Family Eye Care is committed to caring for our patient's complete ocular health. Here at **Navarre Family Eye Care** our patients receive a **Comprehensive Eye Health Examination**. Our doctors are trained and certified to diagnose and treat most ocular infections, injuries and diseases.

As a courtesy to our patients, we are happy to file with your vision plan and/or medical insurance company.

Routine Vision Exams will be filed to your vision plan (VSP, EyeMed, Davis, etc) if applicable. A routine vision exam means there is **no medical complaint or diagnosis**. Routine exams include diagnosis include nearsightedness, farsightedness, presbyopia, and include a prescription for glasses and/or contact lenses.

However, should you have a medical complaint or diagnosis (dry eyes, floaters, cataracts, glaucoma, diabetes, "pink eye", foreign body, etc), your exam is no longer considered routine. This means **Navarre Family Eye Care** is **required** to bill today's examination to your medical insurance. This is why we request a copy of both your medical insurance and vision plan cards.

Thank you,

Doctors and staff of Navarre Family Eye Care

I have read and understand when my Vision Plan will be billed and when my Medical Insurance will be billed by Navarre Family Eye Care.

Signature

Date



Navarre Family *Eye Care*

Dr. Carl Spear

Dr. Dustin Grubbs

Dr. Neil Hook

Navarre Family Eye Care offers a state of the art digital scanning technology that allows us to view the inside of your eye without the use of dilation drops. The **OPTOMAP** allows us to evaluate your retina for problems such as macular degeneration, retinal detachments, glaucoma, and diabetic retinopathy. The scanning system is completely safe for kids and adults and allows you the unique opportunity to see inside your own eye just at the doctor sees it.

Dilated Exam	OPTOMAP Exam
1. Blurred near vision for 4-6 hours	1. NO blurred vision
2. Light sensitivity for 4-6 hours	2. NO light sensitivity
3. Longer office visit to wait for drops to take effect	3. Takes less than 2 minutes to process
4. Only the doctor can see your retina	4. You can see your own retina

Early Detection is Crucial!!

Our doctors recommend that ALL patients have a thorough examination of their retina every year. Without the **OPTOMAP** or a dilated examination, the doctor cannot fully assess the health of your eye. Unfortunately, the **OPTOMAP** is not covered by insurance companies. So there is a nominal charge of \$29.00 for the **OPTOMAP**. In some rare cases, dilation may still be required.

_____ I elect to have a digital photo of my retina today. (\$29.00)

_____ I prefer a dilated exam of my retina, and are aware of the side effects above.

Patient Signature

Date