

# Focus Eye Care, Inc.

## ESTABLISHED PATIENT UPDATE

**Welcome back!** Has anything changed?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Vision/ Medical Insurance: \_\_\_\_\_

**Have you had any of the following since your last exam? If so, please specify.**

Eye injury                       Prescription medicine change                       Eye Surgery  
 Head injury                       Eye disease                       Change in health

**Reason for today's visit?**

Yearly exam                       New glasses                       New contacts  
 Eye infection/injury                       Other Issue \_\_\_\_\_

**WE RECOMMEND DAILY DISPOSABLE LENSES OR A 30 DAY CONTINUOUS WEAR LENS FOR YOUR SAFETY AND CONVENIENCE. CONTACT FITTINGS MUST BE PERFORMED YEARLY PER THE GEORGIA LAW O.C.G.A § 31-12-12 (2005), TO ENSURE THE EYE IS HEALTHY ENOUGH FOR CONTINUED CONTACT LENS WEAR. PLEASE ASK YOUR PHYSICIAN OR OPTOMETRIC TECH IF YOU HAVE ANY QUESTIONS.**

**Additional Recommended Procedures & Pricing:** \*\*\* Additional to the regular exam fee \*\*\*

**PUPIL DILATION: No charge for this procedure**

Dilation gives the doctor a better view by allowing more light into the eyes.

I do /  I do not    give permission for pupil dilation at this time.

**RETINAL PHOTO: (Vision Insurance will not cover this test)** \*\*\* The fee is \$19.00 per eye. (\$38 for both)

We have a retinal camera that takes a photograph of the inside of your eye. This allows the doctor to have a picture to evaluate today and to compare with at future visits. This photograph can assist the Doctor in detecting many medical and ocular diseases which include: Macular Degeneration, Diabetes, Stroke, Retinal Detachment, High Blood Pressure, and High Cholesterol. This screening is quick, painless, and does not require dilation.

I do /  I do not    give permission to do Retinal Photos at this time.

**FIELDS TESTING: (Vision Insurance will not cover this test)** \*\*\* The screening is \$18.00

We have a computerized state of the art instrument that can assist the Doctor in detecting many medical and ocular diseases which include: Multiple Sclerosis, Brain Tumors, Glaucoma, Headaches, and Retinal Detachment. This screening is quick, painless, and does not require dilation.

I do /  I do not    give permission for a Visual Fields test at this time.

**Contact Lens Fitting Fees:** \*\*\* Additional to the regular exam fee \*\*\*

(Rarely will insurance plans cover contact lenses or evaluations. Please ask a staff member if you have any questions.)

**Spherical Fits (Single Vision):** \$38.00 including trial lenses and follow-up visits  
**Toric or Mono Vision Fits (Astigmatism):** \$72.00 including trial lenses and follow-up visits  
**MultiFocal Fits:** \$98.00 including trial lenses and follow-up visits  
**Hybrid/Synergeyes Fits:** \$110.00 including follow-up visits  
For **NEW CONTACT LENS WEARERS** there is an additional one time I&R training fee of \$14.00

**VERIFICATION OF BENEFITS IS NOT A GUARANTEE OF PAYMENT.** If you are not eligible for insurance benefits, or are eligible for less than full coverage, your signature below indicates that you authorize payment of insurance benefits to your provider on your behalf and you agree to be financially responsible for any balance that is not paid by your insurance plan.

**PROFESSIONAL FEES AND COLOR CONTACTS, DAILY DISPOSABLE CONTACTS OR OPEN/DAMAGED CONTACT LENS BOXES ARE NOT REFUNDABLE OR EXCHANGEABLE.**

You have 90 days from your exam date to have a prescription adjusted at no cost if error on our part; otherwise a \$40 refraction may be charged.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Must be signed by Parent/Guardian if the patient is under 18**