

Welcome Back!

Ngo & Campana, OD LLC DBA Golden Eyes Optometry: Dr. Julie Ngo, Dr. Christopher Campana, & Associates



Patient Name: _____ DOB: _____

What is the main reason for you visit today? Yearly Exam Glasses Contact Lenses Dry Eyes

Other (Not routine vision exam): _____

Communication preference: Text Cellular: _____ Email: _____

Mailing address: _____

Are you Pregnant/Nursing? (YES/NO)

Any changes to your health since your last visit? (YES/NO)

Do you use tobacco? (YES/NO)

List change: _____

Do you consume alcohol? (YES/NO)

Any changes to your medications since your last visit? (YES/NO)

List change: _____

Vision Insurance Plan: _____ **Routine Exam + FDT Screener | Self Pay:** _____

PAYMENT POLICY: (CO) PAYMENTS FOR SERVICES AND MATERIALS ARE DUE AND PAYABLE AT TIME OF SERVICE. The filing of a claim for any services &/or materials rendered **DOES NOT GUARANTEE PAYMENT** from your insurance company. You will be financially responsible for unpaid services and materials. We must emphasize that, as your eye-care provider, our relationship is with you, not your insurance company. Unaccompanied minors must make payment arrangements prior to the appointment. *(Please initial)* _____

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the release of any medical information to my insurance carrier or to a licensed physician or health-care provider concerning my illness and treatment. I also request payment of my insurance benefits to Ngo & Campana, OD LLC (Dr. Julie Ngo/Dr. Christopher Campana) *(Please initial)* _____

GEO STANDARD OF CARE: Our philosophy is preventative care. FDT visual field screening is important in the routine eye exam because it can help detect early signs of glaucoma, stroke, brain tumors, macular degeneration, diabetes, high blood pressure and other neurological problems. It can also help monitor changes caused by some medication. This is a non-covered fee of \$10. If abnormal, then a more detailed visual field may be requested. *(Please initial)* _____

HIPAA ACKNOWLEDGEMENT: Our Privacy Practice is not to release any of your information without your written consent. See Notice of Privacy Practices (NPP) for details.

Signing below means that you have reviewed, understand, & received our Office Policy, NPP, & the charges. If you have any questions, please ask the staff to clarify any statements, concerns, and charges prior to services being rendered. Thank you!

Patient/Guardian Signature: _____ **Date:** _____

Advance Beneficiary Notice of Non-Coverage (ABN): Medical & Vision insurances do not cover all services.

Services or Tests	Fees	Description of diagnostic test
Golden Eyes Wellness Exam	+\$65 (savings of \$54) ____ Yes, I consent <i>(Please Initial)</i>	Doctor Recommended (Every 1 year): iWellness OCT, Corneal Mapping/Dry Eye Screener, and EyeScreen Imaging - Proactive approach to prevent eye disease and maintain healthy eyes - Provides baseline data of your eye health. Through time-series-analysis, subtle changes can be examined overtime - Catching eye diseases early is the best management for maintaining healthy eyes - Dilation is included, if necessary
Routine pupil dilation	____ Yes, I consent <i>(Please Initial)</i>	Eye drops that dilate the pupil. Side effects include blurred vision & light sensitivity for 3-6 hours with tropicamide. Routine pupil dilation does not cover cyclopentolate drops (Complex refraction is an additional \$45 fee). Side effects may last up to 48 hours. - Helps check for retinal holes/tears/abnormalities - Paralyzes your ability to focus to obtain a more accurate prescription in patients with accommodative issues - Covered by vision plans (routine only, not problem-specific). Must be done the same day as exam

Description of tests below: You can also choose to select individual testing (Declining Golden Eyes Wellness Exam)

iWellness OCT	+ \$45 ____ Yes, I consent <i>(Please Initial)</i>	Digital light scan that allows us to see beneath the surface of your retina - Best way to discover eye problems at its earliest form - Useful to see if stress is affecting your eyes - Helpful in determining if certain medications such as Plaquenil, Tamoxifen, or Viagra are damaging your eyes
EyeScreen Imaging	+ \$39 ____ Yes, I consent <i>(Please Initial)</i>	Digital imaging of your retina, macula, blood vessels, and optic nerve - Provides a baseline image of your eye health to assess for eye problems in the future - Helpful in diagnosing/managing eye diseases such as Glaucoma, Macular Degeneration - Helpful in diagnosing/managing of systemic conditions such as Diabetes, Hypertension, and/or High Cholesterol
Corneal Mapping & Dry Eye Screener	+ \$35 ____ Yes, I consent <i>(Please Initial)</i>	Digital mapping of the surface of your cornea - Helpful to diagnose pathological corneal diseases such as Keratoconus - Useful for contact lens examination, especially for patients with astigmatism - Screener for ocular surface diseases such as Dry Eye

In refusing to have my eyes dilated and/or iWellness, EyeScreen, Corneal Mapping performed, I understand that I am assuming all risks associated with failure to diagnose eye conditions due to lack of information, which may have been provided by these procedures. _____ No, I decline *(Please Initial)*

Soft Contact Lens Evaluation	_____ + \$100 Spherical _____ + \$130 Toric/Monovision _____ + \$160 Multifocal _____ + \$200 XR/MF-Toric + \$100 Established Wear _____ + \$50 CL training _____ <i>(Please Initial)</i>	Contact lenses are medical devices, regulated by the FDA. This means the doctor has to evaluate and re-evaluate the fit of contact lenses on your eyes every year in order to determine the correct prescription. All eyes are different and require different management. Contact lenses are brand-specific. The evaluation depends on the complexity of your prescription. Please review contact lens policy in the Office Policy - Evaluation covers up to 2 Follow-up visits within 2 months from the date of your initial exam - Includes/Requires corneal topography and dry eye screener (\$35 fee) and 1 diagnostic pair of soft contact lenses. Special trial orders can take up to 45 days - New contact lens wearers must receive contact lens training. It includes wearing instructions and counseling on health related issues for contact lens wearers - Training sessions are up to 60 minutes and can be repeated one additional time at another date that is within 2 months of the initial exam date. If patient fails training after the second attempt and wishes to try again, then the patient would have to pay the training fee at a rate of \$60 for each session. - Established wear applies to patients that have established contacts care at our office and the complexity has not changed.
<p>FINANCIAL POLICY We accept Visa, MasterCard, Discover, American Express, Debit, or cash. Personal checks are NOT accepted. Services &/or materials are to be paid-in-full at time of service to proceed with any order.</p>		