Dr. Marie R. Levine
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AN IMPORTANT MESSAGE ABOUT INSURANCE COVERAGE

It is your responsibility to provide us with your current insurance information, documentation, and cards every time we provide a service or test. Some plans require a signed referral from the patient's primary care physician for examination, office visits or additional procedures.

If your plan requires a referral, it is your responsibility to obtain one and bring it to your appointment.

There are two types of health insurance that will help pay for your eye care services and products. You may have one or both and our practice accepts both:

1. Vision care plans (such as VSP and EyeMed)
2. Medical insurance (such as Blue Cross/Blue Shield and Medicare)

Vision care plans usually only cover one routine vision exam per year and possibly eyeglasses and contact lenses. Vision plans only cover a basic screening for eye disease. Most do not cover diagnosis, management or treatment of eye diseases. **Testing and follow up appointments are not considered routine.**

Medical insurance is used if you have any eye health problems or systemic health problems that has ocular complications. The doctor will determine if these conditions apply to you, but some are determined by your case history.

If you have both types of insurance plans it may be necessary for us to bill some services to one plan and other services to the other.

As a courtesy we will bill your insurance plan for services if we are a participating provider. Depending on your plan, we will bill you for any unpaid deductibles, co-pays or non-covered services as allowed by your insurance contract. <u>You are responsible to know your insurance coverage.</u> Please call your insurance carrier if you have any questions.

These are not our regulations; they are your insurance company's regulations and, unless you follow them carefully, the insurance company may decline all or part of your claim. Please call your insurance carrier if you have any questions.

I have read and agree with the above policies.

Signature_____Date_____

Date:_____

Name:_____ Date of Birth:_____

Address:_____City/State:_____Zip:_____

SSN:_____ Phone:_____Email:_____

Race/Ethnicity:_____ Marital Status: Single Married Divorced Widowed

Place of Employment:_____ Position_____

Primary Care Doctor:_____ City:_____

Phone:_____ Fax:_____

Eye Insurance:_____ **ID Number:**_____

Policy Holder Name/Date of Birth/SSN:_____

Primary Medical Insurance:_____ **ID Number:**_____

Policy Holder Name/Date of Birth/SSN:_____

Have you been diagnosed with any eye problems in the past? _____

_____

Are you having any problems with your eyes?_____

Please list any medical conditions and any surgical history:_____

_____

Do you have any known drug allergies?_____

Are you allergic to fluorescein? Yes_____ No:_____ Unknown:_____

Please list any medications you are currently taking:_____

_____

Do you OR anyone in your family have problems with any of the following: If yes, please explain if needed

Fever	Yes_____	No____	Weight Loss	Yes_____	No____
Heart	Yes_____	No____	Ear/Nose/Throat	Yes_____	No____
Endocrine	Yes_____	No____	Respiratory	Yes_____	No____
GI	Yes_____	No____	Muscular	Yes_____	No____
Skeletal	Yes_____	No____	Skin	Yes_____	No____
HIV	Yes_____	No____	TB	Yes_____	No____

Do you smoke? Yes_____ No_____ If so, packs per day:_____Years Smoking:_____

Do you drink? Yes_____ No_____ Socially_____ Drinks per day:_____

For Insurance: I authorize the release of any medical or pertinent information necessary to process my claim. I authorize payment of medical benefits to Marie R. Levine OD. The Levine Eye Center's notice of privacy practices are available for your review. I understand that I am responsible for any charges not covered by my insurance plan

Signature:_____ Date:_____

(Parent if Patient is a Minor)

Digital Fundus Photography

(Photograph of the inside of the eye)

The Levine Eye Center has always prided itself on the thoroughness of our eye care. We are concerned about eye health problems and provide the latest technology for the best possible eye care. We have recently acquired the software to provide patients a photo of the inside of the eye. This is a permanent record of the condition of the eye as it is today. Dr. Levine now recommends all patients to have this screening photo as an addition to their regular eye exam.

Why should I have the Digital Fundus Photograph?

- It provides a visual record of your eye the way it is today.
- It can be compared to future Digital Fundus Photos to catch any changes in your eye health.
- It can be forwarded with your record should you need to change doctors or see a specialist in the future.

How much does this screening photo cost?

- $29

Will my insurance cover this expense?

- No. This photo is a screening added to a regular eye exam.

Does this screening need to be done yearly?

- No. The screening is only done *one time*.

Yes, I wish to have the recommended screening photo added to my record. I understand I will pay an additional $29 for this service.

Signature:_____

No, I decline the photo at this time.

Signature:_____