

Retinal Photos

At Optical Image, we are committed to providing our patients with the highest quality of eye care. To further this goal, we can now take pictures of the internal structure of your eyes to look for and document eye disease. This procedure helps us detect subtle changes in your eyes over time which may sometimes go unnoticed. It will help us determine the presence of retinal and optic nerve disease, as well as monitor or detect glaucoma, diabetes, and many other problems. We save your photos so that we may compare and look for any changes in the future.

There may be an additional cost for this procedure that is not covered by insurance.
(Most vision plans have a copay of \$39 for the retinal photos)

- ☐ Yes, I would like to have photos taken
- ☐ No, I do not want photos taken

Patient/Parent or Guardian Signature

Date

Vision and Medical Insurance Policies

There are two types of insurance that may help pay for your eye care services and materials. You may have both and we make every effort to be on as many insurance panels as we can for your convenience.

- 1) Medical Insurance (such as Blue Cross/Blue Shield and Medicare)
 - 2) Vision Insurance (such as VSP and EyeMed)
- Vision insurance only covers routine vision exams along with eyeglasses or contact lenses.
 - Medical insurance is used if you have a medical condition that affects your eyes, such as high blood pressure, high cholesterol, or diabetes, just to name a few.
 - Medical Insurance must be used if you have other eye issues, such as an infection (pink eye), dry eyes, allergies, or cataracts, again, just to name a few. Your doctor will determine if these conditions apply to you.
 - 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 plan.
 - We will bill your insurance plan for services if we are a participating provider for that plan.
 - In the event that we do not accept your medical or vision insurance, we will provide you with an itemized receipt so that you may file a claim with your insurance yourself for reimbursement.
 - Any co-pays, deductibles, or non-covered services will be your responsibility.

I have read and understand the above policies.

Patient/Parent or Guardian Signature

Date