

Patient Name: _____ Account: _____

Are you having a Routine or Medical exam today?

Routine

A basic eye exam to rule out eye disease and to provide an eyeglass prescription if requested. This exam may include dilation.

Medical tests will not be performed on the same day as a routine exam unless an urgent issue is detected. If so, the exam and any test charges will be billed to your medical insurance.

If any abnormalities are found during the exam your doctor will schedule a return visit to discuss your condition and a recommended treatment plan. Routine vision insurance cannot be utilized for a medical exam.

A routine exam does not include a contact lens exam and fitting services. These services can be provided for an additional cost.

Routine exam services do not include the completion of forms, insurance paperwork or correspondence with other doctors.

By my Signature, I verify that I have provided the correct insurance information for the purpose of my exam. If I don't know my insurance coverage, I understand that I can postpone my exam until I can provide accurate information.

Medical

Bill exam to: _____

An In-depth eye exam that includes the diagnosis, treatment plan and/or follow-up of medical issues, including the following:

- **Cataracts**
- **Diabetes with complications**
- **Dry eyes – moderate to severe**
- **Eye Infections**
- **Eye pain and/or injuries**
- **Flashes or floaters**
- **Foreign Bodies**
- **Glaucoma**
- **Lid Infection**
- **Red or irritated eyes**

A treatment plan may include discussions regarding additional testing, procedures or surgery. Correspondence with other medical professionals is included in the cost of the exam. The completion of paperwork, except for information requested by or provided to attorneys, is also included in the cost of the exam.

By my signature, I verify that I have provided the correct insurance information for the purpose of my exam. If I don't know my insurance coverage, I understand that I can postpone my exam until I can provide accurate information.

Office use only Based on the preliminary findings of a basic exam, the doctor has determined that the patient has medical need to be addressed. By his or her signature below, the patient has agreed to (a) have the medical issues addressed today and (b) have Connecticut Vision Associates Bill his or her medical insurance instead of a routine vision plan.

Patient Signature: _____ Date: _____ Time: _____