



SPECIALTY EYECARÈ CENTRE
The accent is on care

Welcome to Specialty Eyecare Centre:

We appreciate your trust in us and are committed to providing you a world class experience with our Specialty Eyecare team. Our accomplished medical staff is here to provide the best possible eyecare by offering the latest advances in technology and research. Our mission is to work together with you to protect and enhance your visual needs.

At Specialty EyeCarè Centre, we understand how confusing medical coverage can be for our patients. We do not want this process to create stress for you and your family. Please help us serve your financial needs and allow us to bill accurately by bringing your current insurance card and photo ID with you to every visit. Upon each visit please inform us if you change insurance coverage, marital status, or have a change in address or telephone.

Prior to your appointment be sure to check your eligibility as well as your benefits in the event you have a “*supplemental*” coverage for routine vision services. Visit our website to learn more about insurance at www.specialtyeyecarecentre.com/seattle/insurance.htm. If an insurance card is not available at the time of your first appointment, it will be necessary to collect payment for services performed that day. If you have a family member or friend who will participate in your medical care, we recommend they accompany you to your visit.

We encourage you to visit our website at www.specialtyeyecarecentre.com to learn more about the eye and the diseases and disorders that can affect your vision. In addition to our patient education library you will find information about our doctors, testimonials from patients and directions to both our Bellevue and Seattle locations.

While there are times you may need to cancel or change your appointment, please be courteous to all patients by contacting our office within 24 hours of your appointment. This will enable us to offer your appointment slot to someone else on our wait list. Please understand there will be a charge of \$60.00 for appointments cancelled without 24 hours notice.

Your world class team at Specialty EyeCarè Centre looks forward to meeting you. If you have any questions please call our office at 425-454-3937 or email us through the contact page on our website.

1920 116th Avenue Northeast
Bellevue, WA 98004

901 Boren Avenue, Suite 1030
Seattle, WA 98104

425-454-3937
Specialty Eyecare Centre
www.specialtyeyecarecentre.com

PATIENT INTAKE FORM

(PLEASE PRINT)

PATIENT INFORMATION

Name _____ Soc. Sec. # _____
Last Name First Name Initial
Address _____ Email _____
City _____ Zip Code _____
Birth Date _____ Single Married Separated Divorced Sex M F
Home Phone _____ Work/Mobile Phone _____
Patient Employed By _____
In case of emergency, who should be notified? _____ Phone _____

PRIMARY INSURANCE

Person Responsible for Account _____
Last Name First Name Initial
Relationship to Patient _____ Birth Date _____ Soc. Sec. # _____
Address (if different than patient) _____
City _____ Zip Code _____
Person Responsible Employed By _____ Business Phone _____
Insurance Company _____ Insurance ID # _____
Group # _____

ADDITIONAL INSURANCE

Is Patient Covered by Additional Insurance Yes No
Subscriber Name: _____ Relation to Patient _____ Birth Date _____
Address (if different than patient) _____
City _____ Zip Code _____
Person Responsible Employed By _____ Business Phone _____
Insurance Company _____ Insurance ID # _____

REFERRAL INFORMATION

Primary Care Physician: _____ City/ State _____
Referral Authorization Number _____ Referral Date Range _____
Referring Eye Doctor _____ City/St _____
Is your visit related to Workman's Comp? Yes No Date of Injury _____ File # _____

AUTHORIZATION AND FINANCIAL AGREEMENT

I authorize treatment and agree to pay all fees for such treatment. I hereby authorize my insurance benefits to be paid directly to the provider of service, and I am financially responsible for non-covered services. I also authorize release of any information required. I agree that I will not withhold or delay payment if my insurance company denies payment of any of my charges. In the event it should become necessary to place my account with a collection agency on an unpaid balance due for services rendered to my or my family, I/we agree to pay collections fees, and should legal action be filed, reasonable attorney fees, filing costs, and any other costs the court determines proper.

Signed: _____ Date: _____

9/1/11

General Health Continued

Patient Name: _____
 First _____ Last _____

Please list any eye surgeries you have had and the approximate date of each surgery:

Surgery	Date

Please list any medications you have used for your glaucoma in the past and any side affects that you had to the medications:

Name of Medication	Reaction

Current Eye Problems

Please mark an "X" next to any of the problems you are currently experiencing and mark the "X" in The box which most describes how bothersome the problem has been.

	Yes	Not at all	A little	Somewhat	Very
Blurred Vision					
Distortion in central vision					
Loss of peripheral vision					
Flashes or floaters					
Glare or light sensitivity					
Double Vision					
Headaches					
Redness					
Tearing or discharge					
Itching or burning					
Dryness					
Eye pain or tenderness					
Eyestrain					
Other _____					

Personal, Family and Social History

Family Medical History

Please mark and "X" next to any of the problems your immediate blood relatives may have.

Condition	Relationship
_____ Diabetes	
_____ Heart Disease	
_____ Stroke	
_____ Cancer	
_____ Thyroid disease	



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Generic Medications

Most of us are familiar with generic medications, but are unsure if it is appropriate to switch from our branded medications to the generic substitution. Generic medications can certainly provide a cost savings, so why would the physician recommend continuing with a branded drug? Are there differences of which I should be aware? Are there differences between topical medications such as eye drops and medications you take by mouth?

The answer is yes. To answer these questions, let's start with the definition of a generic medication. Simply stated, generics are considered to be identical in dose, strength, route of administration, safety, efficacy, and intended use of the branded version. The major difference between the generics and the branded drugs deals with a medical term called bioequivalence, or in the case of eye drops, how well the drugs will get into the eye and work.

So why would the doctor prescribe a brand name drug for me instead of the generic? Not every brand-name drug has a generic drug. If in fact there is a generic drug as an option, there can be a challenge regarding how well the drug works when applied topically as the eye drop formulations are not typically tested for generic eye drops. And on rare occasion, there can be adverse side effects.

For the majority of patients, generic drugs will work very well, however, it is possible for a generic medication to work or feel differently. If your glaucoma is stable and you are using one medication, then switching to a generic could be reasonable. However, if your glaucoma is more advanced requiring multiple medications, it may not be a good choice to switch. We support any patient request to change to a generic medication unless we know that the generic does not work as well or creates a side effect.

When a patient wishes to change from a branded medication to a generic, we recommend a follow up visit with the doctor to determine if the new generic drug is working as well as expected. Be aware there may not be a direct generic substitution for the medication that you are taking, but there may be one close within the same class of medications.

We are here for you. Do not hesitate to ask us any questions regarding your current medications.



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Health Insurance for Medical Coverage

While Specialty Eyecare Centre is available to answer questions you may have concerning insurance coverage, it is important to understand that your medical coverage is between you and your health insurance company. You are responsible to be aware of the details of your plan. Having the specific information required for your insurance plan will facilitate your appointment and allow for a stress free visit upon arrival in our office. When a referral from your primary care physician is needed, contact your plan and have the following information before your appointment:

*Please provide us the number of visits or time frame we are allowed to see you

*Please provide us the billing referral number from your insurance company for our paperwork to file your claim

Pre Authorization for Medical Coverage

Some insurance programs require a pre-authorization before ophthalmology services and procedures. Check your benefits book or website to find out what is needed for your appointment. This is very important because if your visit is not authorized, you will need to pay for all the services you receive from us.

The Co-Pay, Deductible and Co-Insurance

The co-pay applies to the co-insurance amount and is due at time of service. We apply it against any co-insurance you may owe. The co-insurance is the percent you are asked to pay for your medical care. It is often 20%. The deductible is the amount you are required to pay for your medical coverage before your insurance pays their portion.

The Responsible Party

If you are the patient but someone else is responsible for the payment of your bill through their insurance policy, this person must accompany you and bring their insurance card, provide their address, and telephone number. If they do not, we will be required to ask you for payment at the time you arrive.

The Difference between Medical Eye Care and Vision Care

Your appointment is considered a Medical Eye Care appointment when you have a specific complaint about your vision and when we are managing your vision associated with a specific eye-related disease, for pre-surgery, surgery and post-operative care.

Your appointment is considered vision care when it is to adjust the prescription of your glasses or contact lenses and for your annual vision eye exam. Vision Care is not covered by most insurance companies, and you will be responsible for all charges at the time you are seen. *We do not currently accept any Vision Care Plans.*

Forms of Payment

We accept cash, check, money-order and Visa, MasterCard, American Express

Thank you for loyalty and continued support,

The Specialty Eyecare Centre Team

Specialty Eyecare Centre

NOTICE OF HEALTH INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Specialty Eyecare Centre ("SEC" or "we") is required by law to maintain the privacy of your health information, to provide you with a notice of its legal duties and privacy practices, and to follow the information practices that are described in this notice. This notice explains how your health information may be used and/or disclosed, and you have a right to request and receive a paper copy of this notice. SEC will not use or disclose your health information except as disclosed in this notice.

This notice applies to all of the health information generated by the healthcare professionals, employees, and contract staff.

This notice applies to the health information and health records used for your care in these facilities and their affiliated clinics, departments, and physician offices. The records in the hospital, emergency department, and diagnostic test departments such as x-ray and outpatient clinics are examples. When we provide joint health care arrangements among these entities, we share your health information as necessary to perform treatment, payment or operational activities.

Using Personal Health Information

Each time you visit SEC a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- tool in educating health professionals
- source of data for medical research
- source of information for public health officials charged with improving the health of the nation
 - source of data for facility planning and marketing
 - tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decision when authorizing disclosures to others

Examples of Disclosures for Treatment, Payment and Health Operations.

The following categories describe the ways that we may use and disclose your health information.

Treatment. We will use your health information to provide treatment to you. For example, Technicians, physicians or other members of your health care team will record information in your record and use that information to determine a course of treatment, tests, therapies and medications, to carry out treatment, and to understand and evaluate your response to treatment. We may also disclose your health information to people who may be involved in your medical care, such as family members and other healthcare providers.

Payment. We will use your health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, your diagnosis, dates of service, procedures and supplies used.

Routine Healthcare Operations. We will use your health information to carry out health care operations. For example, members of the medical staff, or the quality improvement team, may use information in your health record to assess the care and outcomes in your case and others like it. This helps evaluate the performance of our staff in caring for you.

Other Uses and Disclosures

We may also use or disclose your health information without your consent to meet special reporting requirements, to facilitate continuity of care, or for public health or other purposes. Such uses or disclosures include:

- Family and friends who are involved in your medical care
- Business associates of our organization, with whom we contract for services. Examples of business associates include consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. We require these business associates to protect the confidentiality of your health information.
- The Food and Drug Administration, such as to report adverse events
- Data for health oversight activities, such as auditing or licensing

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- Reports on communicable diseases
- Reports to employers for work-related illness or injuries
- Reports on abuse, neglect or domestic violence
- To avert a serious threat to health or safety or to prevent serious harm to an individual
- As required by law, such as for law enforcement or in response to a subpoena or court order
- Coroners and medical examiners as necessary to carry out their duties
- Organ procurement organizations, to the extent allowed by law.
- Research approved by an Institutional Review Board. While most clinical research studies require specific patient consent, there are instances where a record, tissue or specimen review may be conducted by such researchers without patient consent.
- Specialized government functions, for example, as required by military authorities
- Worker's compensation
- Fundraising: we may contact you as part of a fund-raising effort.
- Marketing: We may provide you with information about treatment alternatives or other health-related services that may be of interest to you.
- Appointment reminders
- If you are an inmate, your health information may be released to the correctional institute or agents. All other uses and disclosures will be made only with your written authorization, which you have the right in most cases to revoke.

Special Authorizations

Federal and state laws that provide special protections for certain kinds of personal health information (such as information about sexually transmitted and other communicable diseases, drug and alcohol abuse, certain mental health services) call for specific authorizations from you to disclose information. When your personal health information falls under these special protections, we will secure the required authorizations from you to comply with those laws.

Your Rights

You have individual rights over the use and disclosure of your personal health information, including the rights listed below. You may exercise any of these rights by contacting our Administrator at 425-454-3937.

Restrict use: You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

Receive confidential communications: You have the right to receive confidential communication by alternative means or locations. This includes an alternative mailing address or an email address.

Inspect and copy: In most cases, you have the right to look at or order a copy of your health information.

Request corrections: You have the right to request that we correct information in your record that you believe is incorrect or add information that you believe is missing.

Know about disclosures: You have the right to request and receive a list of instances where we have disclosed information for reasons other than treatment, payment or related administrative purposes.

Complaints: If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your record, you may contact our Administrator at 425-454-3937.

You may also send a written complaint to the Washington State Department of Health at: Washington State Department of Health; 510 4th Avenue West, Suite 404; Seattle, WA 98119; 1-800-633-6828

You may also contact the Secretary of Health and Human Services if you feel your privacy rights have been violated. SEC will not retaliate against you for filing any complaint.

Changes to this Notice

This notice is effective as of April 14, 2003. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all personal health information we maintain. The revised notice will be posted at our places of service. You can request a copy of the current notice at any time by calling 425-454-3937.

Specialty Eyecare Centre
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www.specialtyeyecarecentre.com