SPECIALTY EYECARÈ CENTRE
The accent is on care

Your appointment is scheduled for:

Welcome to Specialty Eyecarè Centre:

We appreciate your trust in us and are committed to providing you a world class experience with our Specialty Eyecarè 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 $75.00 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

425-454-3937
Specialty Eyecarè 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 #** _____

REFFERAL 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: _____

9/1/2011

General Health History

Name: _____ Phone: ( )
First Last Area Code

Address: _____
Street City, State, Zip Code

Primary Care Physician: _____ Phone: ( )
Name and Address Area Code

When was your last physical? _____

Do you have a pacemaker or defibrillator? If so, who is your cardiologist? _____

Current Health Issues: _____

Medications

List all medications (prescription and non-prescription) which you currently take

Name of Medication	Dosage	For what condition are you taking this medication?

Allergies

Please list any allergies you may have, including medications and the reaction or symptoms experienced

Allergy	Reaction

Past Eye History

Who is your Ophthalmologist (Eye Doctor)?

Name: _____ Phone: ( )
First Last Area Code

Address: _____
Street City

Who is your Optometrist?

Name: _____ Phone: ( )
First Last Area Code

Address: _____
Street City

General Health Continued

Patient Name: _____
First Last

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

Surgical Procedure	Which Eye	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.

	YesYes	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	

General Health Continued

Patient Name: _____
First Last

Family Ocular History

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

	Condition	**Relationship**
_____	Glaucoma	
_____	Diabetic eye disease	
_____	Cataract	
_____	Retinal Detachment	
_____	Macular degeneration	
_____	Other	

Social History

Current occupation or occupation prior to retirement: _____

What is your marital Status? _____ Married/Partner _____ Single

What are your current living arrangements?
_____ Home/Apartment _____ Nursing home/Care facility _____ Need assistance

Have you every smoked cigarettes? _____ Yes _____ Age began _____ Age Stopped
_____ No

Do you use or have ever used street drugs? _____ Yes _____ No

If yes, please describe:

_____

_____

Do you drink alcohol? _____ Yes _____ No

What is your approximate weekly use of alcoholic beverages?
_____ Less than 1-2 drinks per week _____ 3-6 drinks per week _____ Drinks daily

Do you exercise? _____ Yes _____ No
If yes, how often? _____

Please sign and date this form:

_____ _____
Signature Date

Form completed by: _____ Patient _____ Family
_____ Staff _____ Other

revised 12/18/12

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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 Eyecarè 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 Eyecarè Centre Team

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Release of Personal Medical Information

We, here at Specialty Eyecarè Centre, value patient confidentiality and strive to protect patient privacy conforming to the standards set forth by HIPAA. We ask that you list below the people you would allow us to give your personal medical information to should they call us. No information regarding your care will be given to anyone not listed below without a signed record release by you.

Patient Name (Please Print):_____

1. _____Relationship_____
2. _____Relationship_____
3. _____Relationship_____
4. _____Relationship_____

_____

Patient Signature Date

Are we permitted to leave a phone message at your phone number on record?

YES_____ NO_____

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