SPECIALTY EYECARÈ CENTRE
The accent is on care

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 Centre 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. Visit our website to learn more about insurance at www.specialtyeyecarecentre.com. 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.

To ensure timely access to care for all patients, we request a minimum of 48 hours' notice for appointment cancellations or rescheduling. Failure to provide adequate notice, or failure to attend a scheduled appointment, will result in the following charges:

- Clinic Appointment No-Show/Late Cancellation Fee: $80
- Surgery Appointment No-Show/Late Cancellation Fee: $100

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**

Address _____ **Email** _____

City _____ **Zip Code** _____

Birth Date _____ **Single** ☐ **Married** ☐ **Separated** ☐ **Divorced** ☐

Mobile Phone _____ **Sex** ☐ **M** ☐ **F**

In case of emergency, who should be notified? _____ **Phone** _____

Name

PRIMARY INSURANCE

Subscriber Name: _____ **Relation to Patient** _____ **Birth Date** _____

Insurance Company _____

ADDITIONAL INSURANCE

Is Patient Covered by Additional Insurance ☐ **Yes** ☐ **No**

Subscriber Name: _____ **Relation to Patient** _____ **Birth Date** _____

Insurance Company _____

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.

Please list below the person(s) you would like us to share your medical information with.

Person #1 _____ _____

Name Relationship

Person #2 _____ _____

Name Relationship

Person #3 _____ _____

Name Relationship

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 understand that I am financially responsible for any non-covered services. I also authorize the release of any information necessary to process insurance claims. I agree not to withhold or delay payment if my insurance company denies payment for any charges incurred.In the event that it becomes necessary to place my account with a collection agency for an unpaid balance related to services rendered to me or my family, I/we agree to pay all collection fees. Should legal action be required, I/we further agree to pay reasonable attorney fees, filing costs, and any other costs deemed appropriate by the court. I understand that appointments missed or cancelled with less than 48 hours' notice are subject to the following charges:

$80.00 for clinic appointments

$100.00 for surgery appointments

By signing below, I acknowledge that I have read, understood, and agree to these financial policies.

Signed: _____ Date: _____

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.

	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	

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

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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

PF1000 Notice of Privacy Practices

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

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Specialty Eyecare Centre. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purposes other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

Additional Uses of Information

•Appointment reminders. Your health information will be used by our staff to send you appointment reminders. These reminders may include leaving a message on an answering machine, email, texting, or other electronic and social media.

•Information about treatments. Your health information may be used to send you information on the treatment and management of your medical condition that you may find interesting. We may also send you information about health-related products and services that we believe may interest you.

•Fundraising. Unless you request us not to, we may use your name and address to offer you an opportunity to support our fund-raising efforts. If you do not want to participate in fund-raising efforts, you can opt-out by notifying the reception desk.

•Marketing. Unless you request us not to, there are some marketing activities for which we may use your name and address, to provide you with information about services available at our practice. If you'd rather not receive marketing communication from our practice, please notify the reception desk.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy (for a fee) your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

Specialty Eyecare Centre Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices outlined in this notice. In the event of a breach of unsecured protected health information, if your information has been compromised it is our duty to notify you.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the reception desk. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints & Contact Information

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Specialty Eyecare Centre

Chief Executive Officer/Privacy Official

1920 116th Ave, NE

Bellevue, WA 98004

(425) 454-3937

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

This notice is effective on or after 23 September 2013

Commonly Used Glaucoma New Patient Exam Codes		
99204	New Pt Exam* more common than 92004	$214
92004	New Pt Exam	$180
76514	Pachymetry	$44
92020	Gonioscopy	$58
92083	Visual Field	$143
92250	Fundus Photos	$150
Cataract New Patient Exam Codes		
99204	New Pt Exam* more common than 92004	$214
92004	New Pt Exam	$180
92136	IOL Master	$148
Dry Eye Exam Codes		
92499	LipiView	$150
0207T	LipiFlow	$650 (One Eye) $1390 (Both Eyes)