



**Welcome! Let's get to know each other...**

Patient \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Gender  Male  Female

\_\_\_\_\_

Email: \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Social Security # \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Preferred Language

you to our office:

English  Spanish

Other: \_\_\_\_\_

Who can we thank for referring you to our office?

Name: \_\_\_\_\_

Ethnicity

Non Hispanic or Latino

Hispanic or Latino

Race  American Indian / Alaska Native  Asian  Black or African American

Hawaiian/Pacific Islander  White  Other: \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

**Insurance Information**

Subscriber Name \_\_\_\_\_ (as it appears on your insurance card)

Relationship to patient \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security \_\_\_\_\_ (if different from above)

Primary Insurance Company \_\_\_\_\_

ID Number \_\_\_\_\_

Group Number \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Is patient covered by additional insurance?  Yes  No

Secondary Insurance Company \_\_\_\_\_

ID Number \_\_\_\_\_

Group Number \_\_\_\_\_

Who is responsible for this account? (Patient, Guardian, Agency) \_\_\_\_\_

Pharmacy Insurance Coverage \_\_\_\_\_

**Healthcare reforms** are requiring our practice to constantly change and meet the demands of both state and federal regulations. Many of these changes you will never know; however, there are some changes we must make that do affect you. The following insights & information will help you understand how our doctors and staff work to provide excellent patient care and service while at the same time being fair and respectful to all our patients. Additionally, this information tells you about how we work to protect your privacy and reduce your health care cost by giving you complimentary access to our insurance advocates to process your insurance. Remember, that in these days of health care reform, insurance is helping more and more patients reduce their overall health care costs, but it does not typically eliminate all of your out of pocket expenses.

As a medical eye care center, we are extremely thorough, therefore, please plan about 90 minutes for your visit. You may see more than one doctor at a visit. Our doctors' function as a single team to provide you the best care.

### **Compliance & Teamwork**

We want you to receive excellent care. The best way to meet this goal is to work together. The doctor-patient relationship is a teamwork scenario. Listed below are some of your responsibilities as a patient and some of our responsibilities as a healthcare provider:

#### **Patient Responsibilities-**

- **Come prepared to ask questions, share your feelings and be a part of your care**
- **Be honest about your vision and your health as they are related**
- **Schedule and keep your appointments and follow your doctor's care plan**
- **Make healthy decisions about your diet, lifestyle and taking your medications**
- **End every visit with a clear understanding of your doctor's treatment goals & plan for your continued care**

#### **West Tennessee Eye's Responsibilities to all patients-**

- **We will explain tests, diagnosis, treatment recommendations and outcomes in plain English**
- **We will listen to your questions and help you make decisions based on medical based evidence and our clinical experience.**
- **We will determine when a breakdown of the doctor-patient relationship is justified for terminating care**
- **We will refer you to another provider when you require specialized care not offered at our facility**
- **We will share patient information with other providers involved in your care as appropriate**

### **Informed Consent for Examination and Treatment**

As a patient you acknowledge that by presenting yourself or child, you grant full authority for West Tennessee Eye doctors and their assigned assistants to administer and perform any and all medications, treatments, tests, electro-diagnostics, and laser imaging as is necessary for your care. This includes dilating medications that are used to allow a more comprehensive evaluation of the health of the back of your eye. You should expect blurred vision and light sensitivity for a few hours afterwards. Please obtain a free pair of protective shades before exiting our office. Although not required, if you are more comfortable please bring a driver with you.

### **Notice of Privacy Practices**

Your medical information is personal to you and we are committed to protecting information about you. West Tennessee Eye complies with all state and federal regulation pertaining to the Health Insurance Portability & Accountability Act (HIPAA). Our detailed policy is posted in our welcome area. If you would like a copy of our practices, please ask a staff member.

### **Electronic Communications**

We would like to encourage you to communicate via email and text messages. Your doctor's email address can be found on our website or you can use your patient portal found at: RevolutionPHR.com. This will also allow you access to your medical records. When you provide your email and mobile number to us, we can simplify your life by providing digital appointment reminders, email notification when your glasses or contacts are ready for pick up via email and text messaging. Please be sure our staff has your most current email address on file. By providing your email and mobile number you authorize us to communicate with you electronically. You should be aware that there is some level of risk that third parties might be able to read unencrypted emails and you can decline e-communications at any point. You will need to make sure we always have your most current contact information.

### **Insurance Acceptance & Responsibility**

Visits are final at the time of service. All claims are filed strictly as a courtesy to you and are filed in accordance with the information provided to us at the time of service by you. It is your responsibility as the patient to notify us immediately of any changes to your insurance coverage information prior to your examination. Lack of notification will result in you being billed by West Tennessee Eye for any denied claims by your insurance company. All charges are the patient's responsibility regardless of insurance coverage.

Your signature below provides your request, insurance authorization and understanding of your financial responsibilities:

- I, the undersigned certify that I (or my dependent) have insurance coverage as indicated provided and shall be assigned directly to West Tennessee Eye all insurance benefits, if any, otherwise payable to me for services rendered.
- I, the undersigned certify that I (or my dependent) understand that all regulations pertaining to Medicare assignment of benefit apply to all Medicare claims.
- I, the undersigned certify that I (or my dependent) understand that patients are responsible for all deductibles, co-insurance, and non-covered services, which is the charge determination of my insurance company.
- I, the undersigned certify that I (or my dependent) authorize any holder of vision and / or medical or other information about me to be released to Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or related Medicare claim / other insurance company claim.
- I, the undersigned certify that I (or my dependent) permit a copy of this authorization to be used in place of the original, and request payment of vision and/or medical insurance benefits to West Tennessee Eye.
- I, the undersigned certify that I (or my dependent) understand it is mandatory to notify West Tennessee Eye of any other party who may be responsible for paying for my treatment; however, **I acknowledge that I am financially responsible for all charges whether paid by insurance.**

### **Billing Practices**

All payments that are the patient's responsibility are due at the time of service. If you elect not to pay the balance in full within 30 days of the date of service, a billing fee of \$5.00 and a late fee of 1% of the total balance will be accrued each month thereafter. We encourage all patients to pay at the time of service and avoid any fees.

If your account is turned over to a collection agency for failure of payment, West Tennessee Eye will be forced to terminate all services and transfer your care to an outside physician of your choice.

### **Agreement to Arbitration**

While we do not anticipate any issues, disputes or concerns during the course of your care and treatment at West Tennessee Eye, if any arise, you (your legal counsel, agents and/or estate) agree to resolve disputes by arbitration with a neutral mediator and not by a lawsuit or court process, and will instead accept the use of arbitration to resolve any and all disputes as governed by the Federal Arbitration Act (g U.S.C., Secs 1-16). This agreement allows us to begin a less formal manner that has been shown to expedite the resolution process and does not remove or block your legal rights.

Arbitration will apply to claims related to West Tennessee Eye doctors, staff, affiliated healthcare professionals, third-party providers, corporation or partnership and the employees, agents and estates of any of them greater than small claims limit, related vision and / or medical services provided, business related events, and data corruption. Importantly, you agree that any usage or inference to a "claim" will be understood and read as "potential claim" arising from any dispute. Each party will pay their own pro rata share of the expenses of the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by the party for such party's own benefit. This agreement binds all parties with a claim including spouse, heirs and children. This agreement is effective as first date of first vision and/or medical care services provided, business related events and data storage at West Tennessee Eye were rendered.

### **Using Insurance for Medical versus Vision (Wellness) Exams**

West Tennessee Eye accepts most medical and vision insurances. Your medical insurance will be filed for your exam if you have medical issues related to the health of your eyes such as diabetes, high blood pressure, arthritis, irritated, dry or itchy eyes, floaters/spots in your vision, or cataracts. However, medical insurance does not cover the \$40 refraction service fee to measure you for your glasses prescription (manifest refraction). If you choose to have these measurements taken on the same date of service as a medical examination, the additional service fee is due at the time of service.

We always recommend a medical evaluation and testing to confirm the health of your eyes before purchasing new glasses if you have a history of potentially progressive eye related diseases such as diabetes, high blood pressure, cataract, etc. which can influence your eye health and final glasses prescription.

Vision insurance will be filed for general eye exams for glasses prescriptions that include the measurement for your glasses prescription (manifest refraction).

If the doctor determines that a patient has entered the office for a medical reason, symptom, or complaint, the care that is provided is considered medical and will be billed to the patient and/or to the patient's medical insurer. If the doctor determines that the patient has entered the office for a non-medical reason, without a medical problem, symptom, or complaint, the care is considered non-medical and is billed to the patient and/or the patient's vision insurance.

### **Medicare Authorization** (Applies to patients with Medicare Part B Only)

As a Medicare recipient, you authorize payment of Medicare benefits be made on your behalf to West Tennessee Eye for services furnished by West Tennessee Eye. You authorize any holder of medical information about you to release to the Center of Medicare and Medicaid Services and its agents any information needed to determine those benefits payable for related services. You understand and acknowledge your signature requests that payment be made and authorize release of medical information necessary to pay your claim. If "other health insurance" is indicated in item 9 of the HCFA-1500 form, or elsewhere on other approved claim forms or electronically submitted claims, your signature authorizes release of the information to the insurer or agency. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge, and non-covered services. Coinsurance and the deductible amounts are based upon the charge determination of the Medicare carrier.

Medicare pays 80% of the Medicare allowable after the yearly deductible has been met. The patient is responsible for 20% of the Medicare allowable as well as the yearly deductible. If the patient has supplemental insurance that will cover the 20% and deductible, West Tennessee Eye will bill the secondary carrier as a courtesy. We allow 30 days for payment and then seek payment from the patient directly. If an insurance payment is received after a patient's payment, a refund or credit will be issued. For those Medicare patients without secondary insurance, the Medicare co-pay is due at the time of service.

### **Check Processing**

When you provide a check as payment, you authorize WTE either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

If your payment is returned due to insufficient funds, you authorize WTE to make a one-time electronic funds transfer of \$30 to collect a fee as allowed by state law.

### **Your Satisfaction**

Our practice has been taking care of Shelby & Tipton County residents for more than 35 years. We know that expert, personalized care with our doctors and quality glasses help ensure your overall satisfaction. Older, outdated, cheaper technologies create frustration for patients when glasses do not hold up and visual performance is compromised. Our practice provides today's state of the art materials for your glasses like digital, high definition lenses. Our trained optical staff, working with your doctor, will ensure your glasses meet your specific needs.

As you know, we cannot insure the latest technology of materials or accuracy of your glasses if you elect to fill your prescription with an outside store. Not knowing the fitting measurements, lens type and placement of the optical centers for glasses made from an outside store, we are limited on how we can assist you should you have any adaptation issues to your new glasses. We will be happy to reconfirm the clinical portion of your glasses prescription at no additional charge within 30 days of your exam. If you elect to use an outside source for your glasses, they will provide you with all the fitting measurements to include your pupillary distance (PD), segment height, vertical optical center, eye size, bridge size, & temple length. The type of lenses you purchase will determine the type of PD specifically needed.

All bifocal lenses require adjusting to how they provide clarity of vision. West Tennessee Eye provides newer digital progressive lens technology (also called invisible or no line bifocals) which offers the benefit of more natural focus at all distances. This benefit outweighs the compromised vision performance of lined bifocal lenses or cheaper, older progressive lens technology. Progressive lenses do, however, have a slight optical distortion in the outer portions of the lens, which can initially make some objects appear curved. The near focus area from side-to-side may be narrower in some progressive than in some types of lined bifocals. However, progressive lenses provide a better appearance for the wearer, as they do not have the unsightly lines. Most patients adapt to their new lenses and do not notice any distortion after a couple of weeks.

Because your satisfaction is important to us, if you purchase your glasses from West Tennessee Eye and cannot adapt to your bifocal lenses within 30 days of dispensing, our office will make new lenses in another design at no charge. However, since the original lenses were a custom prescription item, which must be discarded, there is no refund of the difference in cost if the second pair is of lesser value.

#### **Glasses from your insurance company's optical laboratory**

If you elect to use your vision insurance (Davis Vision, Vision Service Plan (VSP), Spectera, Block Vision, EyeMed, March Vision, Blue Cross, etc.) to make your glasses, West Tennessee Eye has no control on when your glasses will be returned to our office. Their facilities are as far away as New York State and California. Our staff processes your claim electronically as our way to decrease your wait time. If you need new glasses made more quickly, our staff is happy to rush your order to our local facility; however, your insurance will not pay for your glasses. Most insurance companies return glasses orders to West Tennessee Eye in 14-16 business days. With our secure email notification system, you will be contacted immediately after your glasses pass final inspection in our office and are ready for pick up.

#### **Americans with Disabilities**

We welcome all patients at our office. It is important that you specifically tell our staff when scheduling your appointment how we can better accommodate your specific needs. Please alert our staff if you are in a wheelchair or have other special considerations. Our offices in Memphis and Baptist-Tipton are handicap accessible from the front door. Our Millington office is handicap accessible from the side door and ramp. We have wheelchairs available if you should need one while visiting our offices. We will gladly make any reasonable accommodations to welcome everyone to our practice.

#### **No Show Fee**

To avoid a minimum no-show fee of up to \$100, please extend the courtesy of cancelling your appointment 24-hour in advance to reschedule.

#### **Glasses & Contact Lens Orders**

All orders are immediately processed electronically after half of the balance is paid. We cannot order glasses or contact lenses without payment. However, by submitting partial or full payment you signify that you understand and agree to this expedited process. Your custom prescription order cannot be cancelled after it has been electronic transmission to the lab. Our staff is always happy to assist you and answer any questions prior to your order authorization and payment.

We will hold an order for 30 days. It is a patient's responsibility to contact West Tennessee Eye and make payment arrangements if a patient needs to extend final payment beyond 31 days. Otherwise, the deposit will be forfeited, no refund issued, and the order will be terminated.

Although not recommended, we will fill your glasses prescription into your old frame if you have a backup pair to wear during the manufacturing process. It is not recommended, as we cannot predict if the frame will hold up after years of "wear and tear" through the manufacturing process. However, we will do our very best but cannot assume liability for the frame's integrity, as we cannot visually identify all structural defects.

We always recommend polycarbonate lenses for enhanced safety. This lens material is critical for patients under the age of 18, those who have only one good eye, or may be exposed to safety hazards.

We never recommend glass lenses because this lens material is the most dangerous, heaviest, and most expensive option.

We do not file insurance for patients providing a prescription written by an external provider. If you choose to fill your external prescription with West Tennessee Eye you are choosing to be self-pay.

### **Contact Lens Consultation**

Like at your dentist's office, a routine cleaning is a separate procedure from having a cavity filled. At an eye doctor's office, a contact lens consult is a separate procedure from a routine vision exam. By US federal law, a contact lens prescription is only valid for a maximum period of 1 year. All contact lens patients will need a contact lens consult to renew his or her prescription. Contact lens consult fees are determined by the complexity of your specific needs, prescription and the type of lenses customized for you. This contact lens service is specific to your contact lens needs and includes one pair of trial lenses, and includes up to two follow-up appointments within 45 days. This consult helps insure your eye health, vision and comfort while wearing your lenses.

Contact lens consultation fees, which range from \$50-\$100, are in addition to the cost of the routine vision exam and are due at the time of service. We will file your vision insurance for your contact lens material benefit, at no additional charge. A comprehensive eye exam by a West Tennessee Eye physician is required prior to your contact lens consultation.

### **Mutual Respect of Fellow Patients and Staff**

In our effort to be fair to all patients, if you arrive 15 minutes after your appointment time, your visit will be rescheduled to another open appointment slot for the same day. If none are available, you will be rescheduled to another day of your choice.

If your primary care provider (or employer) has not provided your referral or necessary paperwork, we will gladly see you at your appointed time and not file your insurance ( "self-pay" for examination and procedures) to eliminate your wait. If you elect to wait on the paperwork, we will do our best to work you back in as part of our "walk-in schedule" with Dr. Cooper or Dr. Oboikovitz between 10:00 AM - 2:00 PM. We encourage you to work in advance with your primary care provider (or employer) to avoid such delays in paperwork.

**In summary:**

- I understand that I acknowledge that I am financially responsible for all charges whether or not paid by insurance.
- I, grant for myself (or my dependent) full authority for West Tennessee Eye doctors and their assigned assistants to administer and perform any and all medications, treatments, tests, electro-diagnostics, and laser imaging as is necessary for your care. You should expect to be dilated.
- I, the undersigned certify that I (or my dependent) have insurance coverage as indicated above and assign directly to West Tennessee Eye all insurance benefits, if any, otherwise payable to me for services rendered.
- Your vision insurance will be filed for general eye exams for glasses prescriptions that include the measurement for your glasses prescription (manifest refraction).
- Your medical insurance will be filed for your exam if you have medical issues related to the health of your eyes such as diabetes, high blood pressure, arthritis, irritated eyes, floaters or dots in your vision, cataracts, dry eyes, or itchy eyes.
- If you have your insurance company make your glasses (Davis Vision, VSP, EyeMed) they will make your glasses in a lab as far away as California and you should expect the glasses to be returned in 2-3 weeks.
- To avoid a no-show fee of up to \$100, please extend the courtesy of cancelling your appointment 24-hour in advance to reschedule.
- Contact lens consultation fees, which range from \$50-\$100, are in addition to the cost of the routine vision exam and are due at the time of service.
- Your signature on this page confirms that should a concern arise in any aspect of your care or engagement with West Tennessee Eye you agree to mediate any dispute.
- Children under 18 years of age need a parent or guardian present during their entire visit.
- All threats of violence or perceived threats of violence, harassment or perceived harassment will result in termination of all care at any of our locations.
- Your medical records are available online so be sure to ask for login credentials.
- West Tennessee Eye complies with all state and federal regulation and does not discriminate based on gender identification, race, religious belief, political options, disability, and sexual orientation; in summary all are welcome here!

I certify that I have read or had read to me the contents of this document. I attest that I have had the opportunity to ask questions, time to personally Google fact-check, and all my questions have been answered to my satisfaction.

**Patient Signature or Legal Guardian's Signature or Patient's Representative's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_