

Vision Source Specialists
318 Mt Rushmore Rd, Ste A
Rapid City, SD 57701



Vision Source Specialists
503 W Pine St
Philip, SD 57567

<u>Patient Information</u>	
Name _____	Date of Birth ____/____/____
Email _____	
—	
Cell Phone _____	Alternate Phone# _____
Address: _____ City: _____ State: _____ Zip: _____	
Social Security# _____	
Do you take any medications? Y / N (If yes, we may request a list from your PCP or Pharmacy) .	
Do you have any allergies to medications? Please list: _____	
Who is your primary care provider? _____	Phone# _____
Where is your primary pharmacy? _____	Phone# _____
If female, are you currently pregnant or nursing? Y N	
Whom may we share billing or medical information with? _____	

<u>Do you have Insurance? Please provide Cards at check in</u>	
Vision Insurance _____	ID# _____ Group# _____
—	
Medical Insurance _____	ID# _____ Group# _____
—	
Secondary Insurance _____	ID# _____ Group# _____
<u>Policy Holder</u>	
Name of Primary _____	SocSec# _____
Date of Birth ____/____/____	

Share The Vision
How were you referred to us? Facebook Twitter Google Internet Newspaper TV Radio Person
Who may we thank? _____

Your long term eye health is our first priority.

Responsible Party- under age 18 or has a legal power of attorney please fill in the information below

Name _____ Date of Birth
____/____/____

Email _____

Cell Phone _____ Alternate
Phone: _____

Address: _____ City: _____ State: _____
Zip: _____

SocSec# _____

We provide comprehensive vision care with state of the art technology. Our eye examinations include the use of Optomap and Optovue technology. This new technology is not yet recognized by many insurance companies, however it is included with all of our eye examinations.

Examination Billing and Coding Policy

Routine vision exams (S0620, S0621) are defined as having both a chief complaint and an assessment that is refractive in nature. These types of exams require simple decision making and no long term care. This exam screens for potential eye diseases and a refraction and will be billed to routine vision plans.

Medical Eye Exams (92xxx and 99xxx) will have both a chief complaint and an assessment that are non-refractive and documented as a medical eye disease or symptoms. Medical disorders may require additional testing, medical decision making, long term care plans and communication with your primary care provider. These types of exams will be billed to your medical insurance. Some routine vision plans allow us to coordinate benefits to cover copayments.

_____ **(please initial)** *If you have questions about your examination, please discuss with the technician.*

Optomap and Optovue Retinal Exams

The Optomap Retinal Exam uses a laser scanner to capture a digital image of the retina. Images are stored for future comparison and aid the doctor in detecting subtle retinal changes and diseases. Optovue does a cross-sectional scan of the retina and helps the doctor check for conditions like macular degeneration and glaucoma. If you have routine vision coverage, your plan requires an additional copay for these scans. (max \$30) | _____ **(please initial)**

HIPAA Acknowledgement

I am aware that there is a copy of the Notice of Privacy Practices for Vision Source Specialists available to me upon request. Copies are available in the office and on our website.

_____ **(please initial)**

Thank you for choosing Vision Source Specialists. We look forward to serving your needs.

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Signature of Assignment / Financial Policy

We will submit a claim to your insurance on your behalf, if we are unable to collect payment from your carrier, the balance is your responsibility. Copay and out of pocket fees are due on the date of service. We will send a statement for any remaining balance, due upon receipt.

If accurate insurance information is not provided, we are out of network or we are unable to verify your benefits, you are responsible for the balance at the time of service. You may file for reimbursement directly from your insurance carrier. If you know you have not met your deductible, you may opt to pay up front to receive the day of service discount.

Children under 18 years of age must have a parent or guardian present at the appointment and will be held responsible for payment.

Unpaid balances assess a late fee of \$10.00 at 45 days and an additional \$20.00 at 75 days. If your balance is older than 90 days or a change of address is not communicated to us we will use an outside collections agency.

I authorize payment of medical/vision benefits to the named provider for professional services and/or ophthalmic products. I authorize the release of any medical or other information necessary to process claims.

Signature:

Date:

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