

Donna B. Ornitz

Pediatric Ophthalmology and Adult Strabismus
Peninsula Eye Physicians

Patients First Name		Mother's Info	Father's Info
Last Name		First Name	
Nickname		Last Name	
Date of Birth		Home Ph.	
Street Address		Daytime Ph.	
City, State, Zip		Cell Ph.	
PCP/Pediatrician		SSN	
Referring Doctor		Employer	
Siblings seen in practice		Occupation	

Mom's email: _____ Dad's email: _____

Parents' marital status _____ S _____ M _____ W _____ D _____ DP

Who may we thank for your referral? _____

Medical Insurance Information

Primary Medical Ins.		Secondary Medical Ins.	
ID Number		ID Number	
Group Number		Group Number	
Subscriber's Name		Subscriber's Name	
Subscriber's DOB		Subscriber's DOB	
Subscriber's Address (If different from patient)		Subscriber's Address (If different from patient)	

Vision Insurance Information (Standard VSP Plan Only)

Primary Vision Insurance		Secondary Vision Ins.	
ID Number		ID Number	
Group Number		Group Number	
Subscriber's Name		Subscriber's Name	
Subscriber's DOB		Subscriber's DOB	
Subscriber's Address (If different from patient)		Subscriber's Address (If different from patient)	

HIPAA acknowledgement of privacy notice

I acknowledge that I have received/have been offered a copy of Peninsula Eye Physicians Notice of Privacy Practices.

I consent to allow Peninsula Eye Physicians to leave messages on _____ Home _____ Cell _____ Work phones(s)

Print Name

Signature

Date

If not signed by the patient, indicate your relationship to the patient: _____

Updated: _____
Initial and Date Initial and Date Initial and Date

Revised May 2019

Continued on the other side

Financial Policy

We will gladly bill your insurance for services rendered. We do this as a courtesy to our patients. However, to do so, we must have all insurance information provided to us before services rendered or payment in full is required. We will not become involved in disputes between you and your insurance company regarding eligibility, deductibles, co-payments, covered charges, etc., other than to supply factual information as necessary. **It is crucial you are aware of your insurance benefits.** If your services are denied due to being a “non-covered benefit” or medical necessity, time restrictions or failure to get a referral for your visit, you are responsible for the timely payment of services. To avoid a no show fee please give us 24 (business) hours’ notice.

Signature of patient, or parent/legal guardian

Date

Non-Covered Services

Refraction – A refraction is done to determine whether you are nearsighted, farsighted or have astigmatism. This is a very important part of a complete eye examination, especially in children who may have amblyopia (lazy eye), strabismus (crossed eyes), who are less than 5 years old, or who have failed a vision screening examination. Most importantly, it will determine how well you see and if you need glasses or other treatment. **Please be aware that your insurance company may not cover the refraction. Our charge for the refractions is \$50 (\$65 starting June 1, 2019) which will be billed to you accordingly.** If you have Vision Service Plan (VSP) this charge may be covered. Vision insurance is strictly designed to cover basic eye examinations for refractive errors such as myopia (nearsighted), hyperopia (far-sighted) and astigmatism. Medical insurance is designed to cover basic eye examinations for medical eye conditions (amblyopia, strabismus, cataracts, glaucoma, etc.) **Please see a copy of the AAPOS policy statement at the front desk for further explanation regarding refractions in children.**

_____ I do want the refraction

_____ I do not want the refraction

Signature of patient, or parent/legal guardian

Date

Coordination of Benefits – Explanation of “VISION EXAM” vs “MEDICAL EYE EXAM”

Donna Ornitz, M.D. is a fellowship trained, board certified pediatric ophthalmologist. She provides comprehensive ophthalmologic services for all children and select adults with strabismus. A complete or routine eye examination in our practice will entail **both a vision and a medical examination** to thoroughly evaluate the health of your child’s eyes.

- **Vision Exam** is the prescription of glasses. Poor vision is assumed to be due to a need for glasses. Minimal effort is made to rule out or search for other causes for decreased vision. This portion of the exam is called refraction and is usually covered by VSP (Vision Service Plan), but usually not covered by your medical insurance.
- **Medical Eye Exam** includes evaluation and treatment of a host of eye problems, including: eye pain, red eye, amblyopia (lazy eye), crossed eyes, infections, blepharitis, conjunctivitis, allergy, injuries and cataract. Medical eye care may involve the prescription of glasses (for instance, in the treatment of amblyopia, double vision or crossing) but the cause of the problem is thoroughly evaluated first and other treatments are also considered. The complete medical eye exam is covered by your medical insurance (except for the refraction fee – please see non-covered service waiver above)

I have read the above and understand that both my medical and vision insurances will be billed.

Signature of patient, or parent/legal guardian

Date