

## VISUAL FIELD EXAM - \$25

Visual screening measures the retinal function and sensitivity to light. Certain ocular disorders like **glaucoma, retinal detachment, brain tumors, optic nerve swelling, and other ocular conditions can cause visual field defects.** This test is especially important for those who have the following conditions:

- **Headaches, High blood pressure, Heart/circulatory problems, Diabetes history**
- **Head injuries/Trauma / Recent fall**
- **Strokes / Migraines**
- **Floater or flashes of light**
- **Strong eyeglass prescription, or blurry vision without apparent reason.**

**Please check one of the following:**

Yes, I want the visual field test

No, I prefer not to have the visual field test

## RETINAL IMAGING PHOTOS - \$39

As part of your eye exam Dr. Anh Jibben recommends a special diagnostic procedure called **Wellness Retinal Imaging.** This procedure consists of capturing a high quality digital image of the back part (retina) of your eye. This is NOT an x-ray or ultrasound procedure; and nothing will touch your eye. We are simply taking a digital image of the back of your eye.

This permanent record is very valuable in assessing the current health of your eye and for safeguarding the health of specific structures of your eye, such as the retina, optic nerve, macula, and blood vessels. It will also serve as an initial point from which to compare, as we follow your health in subsequent years.

This test is NOT covered under your medical insurance. Retinal images are also NOT covered under vision plans. It is important to document the findings of most retinal diseases and conditions to monitor and preserve your vision. This test is important for detecting the following conditions:

- Recent trauma, fall or injury, onset of flashes & floaters in the eye, car accident, or stroke
- Macular degeneration / Glaucoma
- Tumors / Hemorrhages / Diabetic eye disease / Hypertensive retinopathy
- Retinal holes / Retinal detachments / Strong glasses or contact lens prescription
- Rare life-threatening cancer: colon cancer, lymphoma, brain cancer, multiple myeloma, pancreatic cancer

**Please check one and sign below.**

Yes, I want the retinal imaging performed

No, I do not wish to have retinal imaging performed

\*\*\*\*\*We strongly believe in the early detection and treatment of all ocular disease and conditions and strongly recommend all patients to have both procedures performed. \*\*\*\*\*

## ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

When provided the necessary information prior to an appointment, the staff of Capella Eyecare makes every attempt to verify patient's benefits. In addition, the staff will gladly file insurance claims on behalf of the patient. The insurance carrier will review the claim and accept or deny coverage as they deem appropriate. Should the insurance company deny coverage, it is the patient's responsibility to pay any and all of the balance to Capella Eyecare.

The staff at Capella Eyecare can give you a general idea of what may or may not be covered by your insurance plan before seeing the doctor. However, we can not always know for certain what services will be provided by the doctor before the examination. Whether the visit will be filed with a vision carrier or a medical carrier is dependent on several factors including but not limited to patient's reason for visit, type of exam performed, and diagnoses. Any diagnosis other than a routine vision diagnosis will result in a medical claim submittal. At times, patients may be able to use both medical and vision benefits to maximize patient's benefits.

## HIPAA PRIVACY ACKNOWLEDGEMENT

I have received the HIPAA notice of privacy practices and have been provided an opportunity to review it. By signing below, I acknowledge that I have read and understand the above form. By releasing my email address, I agree to receiving emails from Capella Eyecare. I understand that the eye examination and/or the fitting of contact lenses are medical services and are therefore **NON-REFUNDABLE.**

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

Patient (or Legal Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_