

Dear Patient:

www.anthonywaynevisionservices.com

- _____ We respect our obligation; and it is our legal responsibility to you as a patient to protect your personal health care information as mandated by the Health Insurance Portability and Accountability Act (HIPAA) effective April 14, 2003. The enclosed Notice Of Privacy Practices describes how we protect your health information. Please read the information, **sign the back and return the Notice** to our office at the time of your appointment.
- _____ Please fill out the enclosed Patient Encounter Form and bring it with you at the time of your appointment. This allows us to keep your information and health history up-to-date and is required by insurance carriers.
- _____ Please bring your existing contact lens prescription information for both new and existing patients. Disposable contact lens boxes or packets are acceptable.
- _____ Please bring any insurance information at the time of your examination. In an effort to minimize the chance of identity theft, we will request a **photo ID** at the time of your appointment but this is not required.
- _____ Please review, sign and return the attached **OCT** screening option appropriately at the time of your exam

We are pleased to offer, as an addition to your complete examination, the option of obtaining an **OCT** or **Optical Coherence Tomography** image of the back of your eyes. The obtained image is by far the most advanced diagnostic test available to detect early stages of eye disease such as macular degeneration, glaucoma, diabetic retinopathy and many others. Early detection can occur even before any symptoms are reported by the patient or seen clinically by the doctor. The procedure takes only seconds to complete and is entirely non-contact and non-invasive. It requires no input from you; the patient, and the results are available instantly for review by the doctor. We specifically recommend the screening for those individuals over the age of 40, diabetics, those with hypertension, high cholesterol and those with family history of macular degeneration or glaucoma. The **OCT screening cannot be billed to your insurance carrier**. The cost is \$35.00 (\$17.50 per eye) and is in addition to the standard complete examination fee. For more information, pictures and video visit our website www.anthonywaynevisionservices.com and click on the link "OCT Technology"

I understand the **OCT screening** cannot be billed to my insurance carrier and I accept responsibility for the cost of the procedure.

Yes, please complete the OCT screening Thank you but I decline the screening Signature: _____

Please read and complete all pertinent information and bring the signed forms to your appointment

Your exam is date: _____ / _____ / _____ at: _____ AM / PM