

OPTIC GALLERY FAMILY EYE CARE

Dilation of the Eyes

Dilation of the eyes is recommended at least once every 2 years, however, there are certain systemic and ocular conditions that require your eyes to be dilated every year. Examples include, but are not limited to:

Diabetes, High Blood Pressure, High Cholesterol, Cataracts, Personal or Family History of Glaucoma, Headaches, Flashes of Light or Floaters

Dilation allows the doctor to obtain a better view to the back of your eyes. The dilation drops typically last 3-4 hours in adults and may last longer in children. During this time you may find it difficult to focus at near, and less commonly at distance. You may also be sensitive to light. We will provide you with post-dilation sunglasses. We strongly recommend caution when driving or operating heavy machinery after dilation. Signing in this section signifies that you have been informed of the risks and benefits of dilation. Please select one of the options below:

_____ I wish to have my eyes dilated today

_____ I do **NOT** wish to have my eyes dilated and assume the responsibility of having an eye exam without dilation.

Signature (Patient or Guardian) _____ Date: _____

Acknowledgment Notice of Privacy Practices (HIPAA)

Signing in this section signifies that you have seen/received a copy of our Notice of Privacy Practices. In the course of providing service to you, we create, receive and store information that identifies you. The Notice of Privacy Practices that you have been shown/given describes these uses and disclosures in detail.

Signature (Patient or Guardian) _____ Date: _____

Medicare Patients Only

Medicare Part B covers annual medical eye exams that help in the screening of certain eye diseases such as diabetes, high blood pressure, glaucoma and macular degeneration. Medicare **DOES NOT** cover routine vision exams for eyeglasses, contact lenses or DMV exams and those fees are to be paid by you in full at the time of your visit (Medicare.gov). If you require a medical eye exam or have been referred by your primary care physician for a medical eye exam. A **\$40.00** copay will be collected at the time of your appointment if a refraction was performed to verify eyeglass prescription. The remainder will be billed to your insurance. The specific amount that will be billed depends on factors such as which types of procedures were performed, the complexity of the exam, the amount of time that was spent with the doctor and whether we are an in-network provider for your plan. The doctor may recommend you get services more often than what Medicare covers. If this happens, you may have to pay some or all of the costs.

Signature (Patient or Guardian) _____ Date: _____