

McDonald Optical Existing Patient Medical History Information

Please update any new address and/or insurance information upon check in.

Name: _____

Date: _____

Email: _____

Current Height: _____ Current weight: _____ Blood pressure _____

List any **new** Medications (including eye drops) and/or allergies: _____

Patient or Responsible Party Signature: _____ Relationship: _____

In order for McDonald Optical to comply with the **HITECH ACT** and **Meaningful Use** we must include required Medical history in our patient's records. The **Required** information includes but is not limited to: **Race, Ethnicity, Patients height, weight, blood pressure, medications and allergies.**

HIPPA Notice: I have read and understand the Notice of Privacy Practices. I understand that I may receive a copy of Notice if requested.

Red Flags Rule: To assist in the prevention of identity theft, McDonald Optical complies with the Federal Trade Commission Red Flags Rule. We are required to verify your **proof of insurance** and **proof of identity.**

Assignment and Release: I, the undersigned, certify that I (or my department) has insurance coverage and assign payment directly to McDonald Optical, all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Consent for retinal photos

Our office offers high resolution retinal photography, which uses a computer-integrated digital imaging system to record a detailed view of the retina. This image provides an excellent reference point for future comparisons and records any changes. This is typically does not require dilation.

We recommend that **all our patients** have this test. It is especially important for those with a history of and/or a family history of: **diabetes, high blood pressure, glaucoma, macular degeneration, or decreased or distorted vision.** Even if you see well, many retinal conditions do not produce symptoms such as pain or blurred vision. Retinal photography helps in early detection of retinal problems to avoid vision loss and preserve superior eye health.

In some cases, your medical insurance may cover the cost of these photos, especially if you have a medical or retinal condition. The doctor will be able to answer if you have a condition that makes these photos medically necessary and therefore covered by medical insurance.

In most cases, this test is **not** covered under your medical or vision insurance, so the retinal screening photo may be taken at your cost. The cost for screening photos is \$30.00.

_____ Yes, I want to have retinal photos for my record, **I understand I may be charged \$30.00** for the screening photo if these photos are not medically necessary.

_____ Yes, I want to have retinal photos taken, but **only if deemed medically necessary** by the doctor. McDonald Optical may then bill my medical insurance for these photos.

_____ No, I do not want retinal photos taken.

Signed: _____

Patient name (or guardian if under 18): _____

Date: _____