## Eyesight Ophthalmic Services, P.A.

155 Borthwick Avenue, Suite 200 East, Portsmouth, NH 03801 (603) 436-1773

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RIMARY INSURANCE       POLICY SUBSCRIBER       SUBSCRIBER DOB         ECONDARY INSURANCE       POLICY SUBSCRIBER       SUBSCRIBER DOB         INSURANCE POLICIES THAT ARE HMO USUALLY REQUIRE A REFERRAL FROM YOUR PRIMARY CARE DOCTOR FOR YOUR VISIT TO BE COVERED. IF YOUR EXAM IS BEING BILLED AS ROUTINE A REFERRAL IS NOT REQUIRED.         MY VISIT TODAY IS:       ROUTINE       MEDICAL       (PLEASE CIRCLE)         F YOU SELECTED ROUTINE:       MEDICAL       (PLEASE CIRCLE)         F YOU SELECTED MEDICAL:       (PLEASE CIRCLE)         F YOU SELECTED MEDICAL:       (PLEASE CIRCLE)         SUBSCRIBER DOB       (PLEASE CIRCLE)         F YOU SELECTED MEDICAL:       (PLEASE CIRCLE)         O'O SU HAVE A ROUTINE EYECARE BENEFIT THROUGH YOUR MEDICAL INSURANCE?       YES       NO         O'O YOU HAVE A ROUTINE EYECARE BENEFIT THROUGH YOUR MEDICAL INSURANCE?       YES       NO         O'O YOU HAVE A ROUTINE EYECARE BENEFIT THROUGH YOUR MEDICAL INSURANCE?       YES       NO       (PLEASE CIRCLE)         UNDERSTAND THAT EYESIGHT DOES NOT PARTICIPATE WITH ANY VISION SERVICE PLANS.       (INITIAL)       (INITIAL)         O'R EXAMPLE (BUT NOT LIMITED TO): VSP, EYEMED, DAVIS VISION, CIGNA VISION, BLUE VIEW VISION AND SPECTERA.       (INITIAL)         F MY INSURANCE DOES NOT COVER MY EXAM, OR IT IS SUBJECT TO DEDUCTIBLE, COINSURANCE, ETC, I UNDERSTAND THAT       WILL BE RESPONSIBLE FOR ANY SUCH BALANCE AND EYESIGHT IS CONTRACTUALLY		INSURA		ATION: PLEAS	E PRESENT			ICE CARDS TO	THE STAFF.		
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REFRACTION IS THE PROCEDURE IN WHICH YOUR DOCTOR WILL TEST YOUR VISION USING DIFFERENT LENSES TO SEE IF YOUR		-									
VISUAL ACUITY CAN BE IMPROVED. A GLASSES PRESCRIPTION CAN BE WRITTEN FROM THIS TEST. INSURANCE COVERAGE FOR REFRACTION IS VARIABLE AND PLAN SPECIFIC. MEDICARE DOES NOT COVER THIS SERVICE.	VISUAL ACU	-	-				-			ERAGE FOR	
I UNDERSTAND THAT A REFRACTION MAY BE NECESSARY AS PART OF MY EXAM AND IS OFTEN A NON-COVERED SERVICE WITH INSURANCE. A REFRACTION FEE IS \$50.00 AND I MAY RECEIVE A BILL FOR THIS SERVICE.				-		_				-	
IGNATURE OF PATIENT/GUARDIAN DATE				,					(	,	