

WELCOME TO OUR OFFICE! REGISTRATION FORM

Dr. Casey J. Andrus, Optometric Physician

| First Name: | Middle Initial: | Last Name: | | | | |
|---|------------------------------|----------------------------|--------------------|--|--|--|
| Preferred Name: | | | | | | |
| Home Address: | | City: | | | | |
| State: Zip: | Which is the best telepho | one number to contact you? | Home 🗆 Work 🗆 Cell | | | |
| Home Phone: | Work: Cell: | | | | | |
| If you would like future appointment reminders l | by E-mail, please provide | E-mail address: | | | | |
| How did you hear about our office? Family/Friend Insurance Directory Phone Book Internet Search/Website Newspaper/Ad Other | | | | | | |
| Are any family members patients at this office? | Y / N Names: | | | | | |
| Primary Care Doctor: | | Clinic: | | | | |
| Emergency Contact (or Parent if a minor): | | Phone: | Relation: | | | |
| Are we billing insurance? Y / N Insured's Nar | me (if different from patier | t): | _ | | | |

*We require a copy of all insurance cards on the day of service

Routine Vision Exams vs. Medical Eye Visits

Routine eye exams (well-vision eye exams) are usually part of a vision plan, which is a separate benefit from your medical insurance plan. A routine eye exam provides a screening of eye health, but assumes the eyes are healthy and only suffer from vision problems such as nearsightedness, farsightedness, etc.

Medical insurance benefits are billed if you are seeing us with a medical eye condition such as diabetes, glaucoma, cataract, dry eye, contact lens complications, irritated eyes, headaches, etc. Our office is required to follow proper coding and billing guidelines, and will submit charges for these conditions to your medical insurance since vision plans do not cover medical eye visits or testing. We cannot always determine which plan (vision or medical) should be billed until the examination is complete. Services and testing we provide for eye health conditions may be subject to additional copays or deductibles as directed by your medical insurance plan.

Contact Lens Services

To properly evaluate your vision, fit, and eye health from contact lens wear, additional tests and expertise are needed beyond the routine eye exam. There is a \$55 contact lens evaluation fee to update an existing contact lens prescription. Other fees for changing materials, designs, or fitting new wearers with contact lenses will be discussed with you as needed.

NOTICE OF PRIVACY PRACTICES: I acknowledge that I have had explained, been offered, received, or read a copy of Casey J. Andrus, OD, PLLC's Notice of Privacy Practices and wish to continue care under these terms. Every effort is made to protect your privacy and inform you of your rights related to your personal health information.

CONSENT FOR TREATMENT: I hereby authorize Casey J. Andrus, OD, PLLC to administer necessary diagnostic and medical procedures for proper eye care. **NO SHOW/CANCELATION POLICY**: I understand there is a \$35 fee for not showing or canceling a scheduled appointment with less than 24 hours' notice. **OFFICE POLICY ON PAYMENT**: I understand that I am responsible for payment of all charges. As a courtesy, my insurance will be billed for me. I authorize the release of any medical or other information necessary to process this claim. It is my responsibility to pay any deductible, copay or any other balance not paid by my insurance company at the time of service, and understand quotes received from the insurance company are not a guarantee of payment. I authorize insurance benefits to be paid directly to the contracted provider.

CHIEF CONCERNS

Do you have any questions for the Doctor today? In this space please explain any symptoms or concerns you are experiencing.

| In bipotens □ High blood pressure □ Cancer Has anyone in your family bean diagnosed with any of the following eye problems (check all that apply): No problems □ Strabismus (eye turn) □ Retinal Detachm SOCIAL HISTORY □ | Has anyone in your family bee | n diagnosed with a | any of the following (check all that ap | plv): | |
|--|--------------------------------|---------------------|---|----------------------|---|
| No problems Glaucoma Amblyopia (lazy eye) Cataracts Macular degeneration Strabismus (eye turn) Retinal Detachm SOCIAL HISTORY Do you consume alcohol? Y N Dry somoke? If yes, how many dinks per week? Y N What is your cocupation? Who is your Employer? REVIEW OF SYSTEMS Cotian Eye Problems To better understand how you use your eyes and for Cotias Inflammatory disorder Y N Cotian Sideasee Y N Surgery Y N Cotins Gessee Y N Are your eyes sensitive to sunlight? Y Glaucoma Y N Other Other Do you use a computer over 2 hours a day? Y Gataract Y N Kidney disease Y N Interested in new contact lens materials? Y N Other Other Muscular dystophy Y N N Network dystophy N N Network dystophy Y N N Network dystophy Y N N N N N N N N N N | | | | F.J/. | |
| SOCIAL HISTORY Do you smoke? Y N If yes, how much per week do you smoke? If yes, how many dfinks per week? What is your occupation? Who is your Employer? REVIEW OF SYSTEMS Gastrointestinal Problems Ocularity per bolems Y N Inflammatory disorder Y N Ulcar Y N Cataract Y N Ambyopia (tazy eye) Y N Other Option (tazy eye) Obter Problems Cataract Y N Macular degeneration Y N Macular degeneration Y N Order Y N Obter Problems Cansor Y N Other N Other N Other N Other N Cansor Y N Muscular degetala Problems Y N Carsor Y N Network dystophy Y N Other Skin Problems Dy mouth Y N Other Scarane Y N Oth | Has anyone in your family bee | en diagnosed with a | any of the following eye problems (ch | eck all that apply): | |
| Do you smoke? IY N Do you consume alcohol? IY IV N If yes, how much per week do you smoke? If yes, how many drinks per week? If yes, how many drinks per week? IV N Review any history of the following? Gastrointestinal Problems Out were any history of the following? To better understand how you use your eyes and I Coularity of the following? Colin's disase Y N Outarity of the following? Corthin's disase Y N Glaucoma Y N Corthin's disase Y N Gastrointestinal Problems Colin's disase Y N Are your eyes sensitive to sunlight? Y Macoular degeneration Y N Problems To better understand how you use your eyes and P Other Colin's disase Y N Problems Are your eyes sensitive to sunlight? Y Other Constructional Problems To N N N N N N Choren Cistupe Y N Macoudskelatal Problems Y N N Chere Sosin Problems N Macoudskelatal | □ No problems □ Glau | coma 🗆 Ambly | vopia (lazy eye) 🛛 Cataracts 🛛 | Macular degene | eration 🛛 Strabismus (eye turn) 🗌 Retinal Detachment |
| If yes, how much per week do you smoke? If yes, how many drinks per week? What is your occupation? Who is your Employer? REVIEW OF SYSTEMS Gastrointestinal Problems Oouad Zye Problems Ontrian disease Y N Inflammatory disorder Y N Orbit's disease Y N Surgery Y N Orbit's disease Y N Amblyopia (lazy eye) Y N Orler Do you use a computer over 2 hours a day? Y Retriat problems Y N N Frostende disease/cancer Y N Problems with reflections or glare? Y Castract Y N N Kidney disease Y N Problems with reflections or glare? Y Charact Y N N Kidney disease Y N Problems with reflections or glare? Y Constitutional Problems N Kidney disease Y N N Interested in new contact lens materials? Y Constitutional Problems N Musculoskelatal Problems N N N Constructional Problems N Constructional Problems N N N Dinter N Diter | SOCIAL HISTOR | Y | | | |
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