

**The doctors of Cy-Fair Eyecare strongly recommend that all of our patients receive the highest standard of care available. We are committed to early detection of eye disease, which significantly increases the chances of treating an eye condition or minimizing the effects of an eye condition.**

### **Optomap Retinal Screening**

Cy-Fair Eyecare is at the forefront of technology for optometric practices. We have introduced a device that will supplement our comprehensive eye examination. It takes a 200 degree digital picture of the inner aspect of the retina and can help the doctor detect retinal conditions, optic nerve conditions, and vitreous conditions. The exam takes a few seconds and gives us an abundance of information. We recommend that all of our patients take advantage of this screening device. **We can send a copy of this exam via e-mail for your records.** The supplemental exam is not covered by vision insurance. Some medical plans cover with proper medical diagnosis. The supplemental test fee is **\$40**.  
\_\_\_\_\_ Yes, I want the additional test. \_\_\_\_\_ No, I defer the additional test.

### **Visual Field Screening**

A computerized instrument enables us to provide a thorough visual field analysis of your vision. The instrument allows testing for the loss of sight in both the central and peripheral visual areas. Visual field testing can assist us in early detection of glaucoma, retinal problems, headaches, and neurological problems (brain tumors and optic nerve disease). Most individuals do not notice visual field loss until its very late stages or when it affects the central vision. Most vision plans do not cover this test. Some medical plans cover with medical diagnosis. The fee for this test is an additional **\$25**.  
\_\_\_\_\_ Yes, I want the additional test. \_\_\_\_\_ No, I defer the additional test.

### **Pupil Dilation**

Pupil dilation enlarges the size of the pupil and allows the doctors a great view of the retina. It will slightly blur you at near for 4-6 hours for most individuals. Dilation is included as part of the comprehensive examination. The doctors at Cy-Fair Eyecare recommend all diabetic, glaucoma, cataract, hypertensive, and retinal pathology patients receive an annual dilated exam. \_\_\_\_\_ Yes, I want my eyes dilated. \_\_\_\_\_ No, I do not want my eyes dilated.

### **HIPAA Privacy Acknowledgement of Receipt of Privacy Practices**

I have been presented with the Notice of Privacy policy of Cy-Fair Eyecare and have been offered a copy of such policy to keep for my records. I hereby acknowledge that I have received and/or read a copy of Cy-Fair Eyecare's notice of Privacy Practices policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Insurance and Payment Policy**

All medical and vision insurance must be presented at the time of service. Patients and/or guarantor are responsible for all fees. Any uncollected or denied claims from your insurance company are payable by the insured party. Statements will be sent to address provided for any claims denied. Any account unpaid will be processed through a collection agency to resolve the balance. Payment is due at time of service. We gladly accept all major credit cards, HSA/FSA cards or cash.

I am an adult 18 years of age or older, or I am the parent/guardian of the minor whose name appears below. I hereby authorize Cy-Fair Eyecare to perform such eye care and treatment as it deems necessary or appropriate and consent to the recommended care and treatment.

Child or Minors name (printed): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_