

## OPTOMAP Digital Retinal Scan

**Please note: OPTOMAP not available in Newtown**

**\*During COVID 19 we recommend an Optos exam to decrease wait time, exam time, congregation in waiting rooms and less close interaction during the exam to maximize social distancing\***

Beyer Eye Associates offers state of the art digital scanning technology that allows our doctors to view the inside of your eye *without* the use of dilation drops. The OPTOMAP allows our doctors to evaluate your retina for problems such as macular degeneration, glaucoma, retinal holes, retinal detachments, hypertensive and diabetic retinopathy and much more. The scanning system is completely safe for both kids and adults and allows you the opportunity to see the inside of your eyes just as the doctor sees it.

### Dilated Exam

**VS**

### Optomap Exam

**\*exam time 30-60 mins**

**\*exam time typically under 15 mins**

**Drops take 20-30 mins to work**

1. Blurred near vision for 4 to 6 hours
2. Light sensitivity for 4 to 6 hours
3. Longer office visit to wait for drops to take effect
4. Only the doctor can see the retina

1. No blurred vision
2. No light sensitivity
3. Scan takes less than 1 minute
4. Digital images are reviewed and compared each year.
5. YOU CAN SEE YOUR RETINA

Our doctors recommend that all patients have a thorough examination of their retina each year. There is an additional fee of **\$39.00** for the OPTOMAP scan due on the date of service. In most cases, this scan is not covered by insurance. Dilation may still be required on occasions.

\_\_\_\_\_ I elect to have a digital scan of my retina today (\$39.00)

\_\_\_\_\_ I prefer a dilated exam of my retina. (no additional fee)

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name Printed

## Beyer Eye Associates

I \_\_\_\_\_ understand that I am expected to know my insurance coverage at the time of service. If a referral is required with my insurance and I do not have one, I will be responsible for the charges incurred during my visit.

I hereby authorize and guarantee payment for all services rendered. Although fees for services are due and payment is expected at the time services are rendered, if I have been granted a grace period for payment of fees, I acknowledge that payment is due and expected at the time my billing statement is received.

In the event that my account becomes delinquent for more than 30 days, I also agree to pay a finance charge of 1.5% per month on any balance as well as all reasonable collection costs not to exceed 50%, court costs, attorney fees and interest fees accrued with the collection of this account.

If you have a vision plan (VSP, EYEMED, DAVIS, VBA) it is imperative that you notify the front desk staff upon arrival to alleviate any errors that could occur with billing. Beyer Eye Associates will not alter or be responsible for any billing information after the date of service.

**Some insurance plans such as Medicare do not pay for refractive services.** This is the part of your eye exam that determines your eyeglass prescription and best corrected vision. The AMA (American Medical Association) mandates separate billing code (92015) is used for this portion. If it is not payable/covered you are responsible for payment. Any questions may be directed to our staff.

**We have taken necessary safety precautions for each patient's visit for COVID 19. Due to the additional time to implement these safety precautions and reduced patient volume to ensure your safety it's important to keep your scheduled appointment. We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. If an appointment is not cancelled at least 24 hours in advance a \$50 no show fee will be charged to your account. This will not be covered by your insurance**

\_\_\_\_\_  
Responsible party signature

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

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Printed Name of Parent/Guardian

### Mercerville

395 Route 33  
Mercerville NJ 08619

### Millstone

498 Monmouth Rd  
Clarksburg, NJ 08510

### Newtown

11 Friends Lane  
Newtown PA

## Contact Lens Examination

\_\_\_\_\_ I do not wear contact lenses and I am not interested in contacts at this time.

A routine eye exam is not the same as a contact lens exam. A contact lens examination is necessary if you need a renewal of your contact lens prescription for ordering more replacement lenses.

A contact lens prescription is valid for one year per NJ State guidelines 13:33-4.1

\_\_\_\_\_ I would like to renew my contacts for standard distance, astigmatism, multifocal and monovision (a discounted fee starting at \$60.00)

**\*Existing contact lens wearers needing a REFIT for astigmatism (toric) will be \$130 and up depending on complexity. Doctor will discuss the fee with the patient.**

**\*Existing contact lens wearers needing a REFIT for a multifocal or monovision (distance and near vision) lens will be \$130 and up depending on complexity. Doctor will discuss the fee with the patient.**

\_\_\_\_\_ I am a CRT patient and would like to have a CRT contact lens examination (\$130 and up depending on complexity)

\_\_\_\_\_ I am a contact lens patient and I do not want my prescription updated today. I understand I will **NOT** be able to order more contact lenses and my current contacts will not be evaluated

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\_\_\_\_\_ **New fit contact lens wearer** : includes initial fit, training for insertion/removal of contacts and follow up(s) per Doctor's discretion). Doctor will discuss the fee with the patient.

Distance only \$150 and up

Astigmatism/Toric distance only \$175 and up

Monovision/Multifocal (correction of distance and near vision) \$200 and up

Specialty Contact lens and medically necessary \$300 and up

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Above fees do not include the cost of contact lenses.

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

Patient's Signature \_\_\_\_\_  
(signature of parent/guardian if minor)