Welcome to Vani Vision

First Name: _____ MI: _____ Last Name: _____ Date of Birth: _____

Street Address: _____ City, State, Zip Code: _____

Email Address: _____ Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Occupation: _____ Employer: _____

Medical Insurance Name: _____ Medical Insurance ID: _____

Vision Insurance Name: _____ Vision Insurance ID: _____ Referred by: _____

Advanced Wellness Screening

Dr. Patel has incorporated many technologically advanced instruments into his office. These instruments offer a great baseline into the status of your ocular health as well as a great comparison annually of your ocular health.

Our latest instrument is the **Topcon Maestro Optical Coherence Tomography**. This state of the art instrument allows Dr Patel to analyze and compare structural changes and pathology in different layers retina (the back of your eye). Our **Optos Daytona Ultra-Wide Field Retinal Camera** digitally images your retina. Both instruments provide digital images that allow Dr Patel to document, review and compare your retina over time. These images will be saved in our data system to compare to future images to better analyze small changes in your retinal health which is extremely important in managing diseases such as Macular Degeneration, Glaucoma and Diabetes.

Our **Oculus EasyField** electronically measures retinal sensitivity and peripheral field of vision. This analysis can assist Dr Patel in the detection of many disorders such as glaucoma, macular degeneration, retinal detachments and retinal/brain tumors.

If you choose to have these three screening tests, the additional fee to the exam will be $60.

I agree to have these additional tests: Yes No

Contact Lens Evaluations/Office Visits

Contact lens evaluations will carry an additional fee and many times this can only be determined after your discussion with the doctor about the most suitable lenses for your eyes. Contact lens evaluations cover up to 2 follow-up visits within 60 days of initial exam, an office visit charge will apply for follow-ups after the 60 day period.

Medical or Emergency office visits for conditions such as red eyes, foreign body removal, sudden flashes/floaters and other medical services carry a higher fee than routine eye exams. If you have a medical insurance plan that Vani Vision does not bill directly, you are responsible for all professional fees at time of service. You will be given an itemized receipt upon request if you choose to seek reimbursement from your insurance carrier.

Receipt of Notice of Privacy Policies

I acknowledge that I have been offered a copy of the privacy practices of Vani Vision, P.C.

Signature on File

I am responsible for payment at the time of each visit for all services provided by Vani Vision, P.C. that are not covered by an insurer. My signature serves as a “signature on file” for claim processing and for release of medical information to my insurance carrier(s).

Patient or Guardian Signature: _____ Date: _____