



**Allen Eye Associates** is proud to provide our patients with the most highly advanced technology available in retinal screening today. Our ability to view your internal retinal health is now dramatically improved with the Optomap.

**Drs. Lollar, Vickers, and Wimbish** are concerned about retinal problems such as macular degeneration, glaucoma, retinal holes or detachments and diabetic retinopathy (all of which can lead to partial loss of vision or blindness.) Additionally, systemic diseases such as diabetes and high blood pressure can be detected during a retinal exam.

**EARLY DETECTION OF EYE DISEASE IS  
CRUCIAL!!!!**

**Optomap Provides:**

- An annual eye wellness scan
- An in depth view of the retinal layers, (where disease can start)
- The ability to show you your medical file, which gives your doctor annual comparisons for tracking and diagnosing potential eye disease.
- A fast, easy and comfortable way to look at the retinal structure
- **In most cases we will not require dilation, which can result in blurred vision and light sensitivity**

Insurance is designed to cover only the standard eye exam. It does not cover advanced screening tools such as the Optomap. Drs. Lollar, Vickers, and Wimbish highly recommend this procedure and which does cost an additional cost of only **\$39**.

\_\_\_\_\_ I ELECT TO HAVE A COMPUTERIZED ULTRAWIDE DIGITAL EXAM OF MY RETINA AT THE ADDITIONAL FEE OF \$39.00

\_\_\_\_\_ I PREFER A DILATED EXAM OF MY RETINA

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

## PATIENT FINANCIAL RESPONSIBILITY AGREEMENT

Thank you for choosing Allen Eye Associates for your personal eye care needs. It is our mission to make your experience with our practice as pleasant and memorable as possible. We understand that our best advertisement is word of mouth and we want to leave you with an experience worth sharing. Our goal is to make the financial aspect of your time with us as stress-free as possible.

**As a courtesy to you**, we will bill your insurance. If there are any changes in your insurance, please let us know prior to arriving so we can have your insurance verified before your appointment. Insurance reimbursement is a contract between you, your employer and your insurance carrier. You are responsible for any charges, or portions of charges that your insurance does not pay. Allen Eye Associates will make every effort to inform you if a service is not covered by your insurance.

**Payment is due at the time of service.** It is important for you to remember that this is an estimate, and while our staff does their best to give you the most accurate estimate, there are many variables which could change this prior to your visit. You will receive a statement with any balance after your insurance has been billed. The balance of your account is due within 30 days.\*

Please contact our office if you are not able to keep your scheduled appointment. While we understand things do arise that cannot be avoided, we appreciate at least 24 hours advance notice. If you are more than 5 minutes late for your scheduled appointment you maybe be asked to reschedule.

I, the undersigned:

( ) have insurance coverage, and hereby authorize payment of insurance benefits to go directly to Allen Eye Associates.

Note: You are responsible for knowing your coverage benefits.

( ) do not have insurance coverage and understand that I am responsible for payment of all charges at the time of my visit

**I have read this financial responsibility policy and understand that regardless of my insurance coverage or lack thereof, I am responsible for payment of my account.**

**PRINT PATIENT NAME:** \_\_\_\_\_

**PATIENT SIGNATURE (18 and over):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN (if patient is under 18 years of age, please print)** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

\*Payment plans are available by request based on your current financial situation.