

VISION SOURCE™
INSIGHT EYECARE

NAME: _____

DATE: _____

Please list—changes in demographic or insurance information:

Please list—current medications and medical history updates:

DIAGNOSTIC ISSUES

Please list—any complaints about wearing glasses and/or contacts:

- Are you interested in getting new glasses today? No Yes
- Do you wear contact lenses? No Yes
- Would you like a renewed contact lens prescription today? No Yes
- Do you have more than 1 pair of current prescription glasses? No Yes
- How many hours, per day, do you work on a computer? _____ Hours
- How many hours, per week, do you spend outdoors? _____ Hours

DO YOU EXPERIENCE...

- Blurred Vision? No Yes
- Dryness? No Yes
- Any discomfort with your eyes? No Yes
- Problems with glare or reflection? No Yes
- Sensitivity to sunlight? No Yes
- Headaches? No Yes
- Tired eyes when reading? No Yes
- Floaters and/or flashes of light? No Yes
- Uncomfortable glasses? No Yes

VISION SOURCE™

INSIGHT EYECARE

We pride ourselves on providing our patients with the best possible standard of care.

The standard of care, for an annual comprehensive eye exam, requires that a doctor conducts a retinal evaluation every year. The evaluation is where potential vision threatening diseases can be found, such as diabetes, glaucoma, certain types of cancer, retinal tears, and cardiovascular disease. There are two ways that our providers can check the health of the retina: The iWellness Retinal Exam or dilation.

The iWellness Retinal Exam includes two in-office instruments, that capture holistic imaging of the back of the eye. The first instrument obtains a wide field, 200° view of the back of the eye. The second instrument identifies the different layers of the eye and ensures there are no abnormalities between each layer of the retina. The data acquired by both instruments, allows our providers to monitor and compare progression more adequately, year to year. **The iWellness Retinal Exam is not covered by any vision or medical insurance, and costs \$58 out-of-pocket.**

Dilation includes a series of eye drops, that the doctor will administer to enlarge the pupil. The dilation process takes approximately 20-30 minutes, in order for the drops to take effect. Once fully dilated, the doctor will use a magnification lens to view the back of the retina and evaluate for abnormalities. The dilation drops have side effects, including blurred vision for 6-8 hours and extreme light sensitivity. **Dilation is fully covered by vision insurance only and has no additional out-of-pocket expenses.**

Please select one of the following options:

- I would like to do the iWellness Retinal Exam, for an additional \$58.
- I would prefer pupil dilation; I am aware that my vision will be blurry, and that my eyes will be light sensitive, for the next 6-8 hours.

I have read, and understand, this document:

Signature: _____ Today's Date: ____ / ____ / _____



INSIGHT EYECARE

Annual Contact Lens Program

At Vision Source Insight Eyecare, we carry the latest in contact lens technology, and specialize in the most complex contact lenses. This includes astigmatism-correction (toric) lenses, multifocal lenses, corneal disease (i.e., keratoconus) lenses, and post-surgical contact lenses. We are dedicated to your health and an enjoyable, comfortable contact lens experience; that is why we have the contact lens guarantee program. If you are not happy with your contact lenses, we will buy back any unopened boxes within 90 days of your initial evaluation.

A **Contact Lens Evaluation Fee** is necessary to renew the current contact lens prescription and monitor the health of your eyes. The contact lens evaluation includes precise measurements, an analysis of your vision needs, and recommendations specifically tailored towards you. The evaluation also includes diagnostic contact lenses, to ensure the proper fit of the lenses and good ocular health. The fee will cover the initial evaluation and all contact lens related follow-up visits, for a period of 90 days.

Contact Lens Evaluation Fees range in price, based on the complexity of your prescription and your eyes. Most vision insurances provide a 10-15% discount off the Contact Lens Evaluation Fee. Insurance providers consider contact lenses to be elective; therefore, the Contact Lens Evaluation Fee is not included under the annual comprehensive eye exam coverage.

New Patient – Contact Lens Evaluation Fees

- **Soft** Contact Lens Evaluation.....\$88 - \$148
- **Hard/Ortho-K/CRT** Contact Lens Evaluation.....\$1,400 - \$2,000
- **Gas Permeable** Contact Lens Evaluation.....\$198 - \$598

Established Patient – Contact Lens Evaluation Fees

- **Soft** Contact Lens Evaluation.....\$72 - \$128
- **Hard/Ortho-K/CRT** Contact Lens Evaluation.....\$300 - \$500
- **Gas Permeable** Contact Lens Evaluation.....\$117 - \$598

NOTE: The above fees do not include Medically Necessary Contact Lenses or Scleral Contact Lenses. Please ask a member of our front desk team, if you have any questions regarding the evaluation fees.

I have read, understand, and agree to the annual contact lens program policies stated above.

Signature: _____

Today's Date: ____ / ____ / _____