



Account No.:

PATIENT INFORMATION			
PATIENT NAME:		GENDER:	SOCIAL SECURITY NUMBER:
ADDRESS:		DATE OF BIRTH:	
CITY:	STATE:	ZIP:	EMAIL:
HOME PHONE:	MOBILE PHONE:	WORK PHONE:	
PRIMARY CARE PHYSICIAN:		PRIMARY CARE PHYSICIAN'S PHONE:	
EMERGENCY CONTACT NAME:	RELATIONSHIP TO PATIENT:	EMERGENCY CONTACT PHONE:	
GUARDIAN NAME:	RELATIONSHIP TO PATIENT:	GUARDIAN PHONE:	

REASON FOR TODAYS VISIT (check all that apply):

- Routine Exam** (will include eyeglass prescription and health evaluation of eyes) without insurance, fee is \$100. If dilation is required, fee is \$20 additional.
- Diabetic Eye Exam** (will include eyeglass prescription and health evaluation of eyes) Specialist co-pay will apply. Without insurance, fee is \$120.
- Contact Lens Fitting Evaluation** (will include contact lens prescription and trial contacts if available)
**A valid contact lens prescription is required by law to purchase contact lenses. Prescriptions expire in 1 year.*
 - Current Contact Lens Wearer:** Fitting fee is \$80-\$130 (depending on Rx) in addition to the routine exam fee or copay.
 - New Contact Lens Wearer:** Fitting fee is \$90-\$150 and will include tutorial on lens insertion and removal, trial pair of contact lenses in your prescription, contact lens cleaning solution, storage case for contacts, additional follow-up visits with doctor to address any contact lens related problems and finalize contact lens prescription.

**Contact lenses are considered cosmetic and most insurance plans do not cover the cost of contact lens fitting evaluation*

- Medical/Emergency Office Visit** you are suffering from physical eye symptoms (i.e. red eye, infection, sty, scratched cornea, etc.) or sudden abnormal visual symptoms (i.e. double vision, flashes, floaters, loss of vision, etc.) These visits are billed to your medical insurance as long as we are a participating provider. Vision insurance (Eyemed, Davis, VSP, etc.) does **not** cover eye related emergencies. Specialist co-pay will apply. Without insurance, fee is \$90.

GUARANTOR

The policyholder of the insurance plan who is responsible for making sure premium payments are up to date. In most cases it is the adult patient receiving the service. If the patient is a child, the responsible party may be the child's parent or legal guardian.

GUARANTOR NAME:		GENDER:	SOCIAL SECURITY NUMBER:
ADDRESS:		DATE OF BIRTH:	
CITY, STATE, ZIP:		PATIENT'S RELATIONSHIP TO GUARANTOR:	
HOME PHONE:	MOBILE PHONE:	WORK PHONE:	

Michaels Eyecare, Inc. and LaDota Optometry, PC are separate entities. All materials including eyeglasses and contact lenses are billed through Michaels Eyecare, Inc. located at 555 Delaware Street, Tonawanda, NY 14150. All exam services including contact lens fittings are provided through LaDota Optometry, PC and are billed through Account Review Services located at 40 Main Street, Hamburg, NY 14075.

High Deductible Health Plans: If you have a high deductible and your examination is medical, you have 2 options. (1) Pay our private pay fees for services and have no claim submitted to your medical insurance, or (2) pay our private pay fees for services and have a claim submitted to your insurance. If a claim is submitted to your insurance with a high deductible plan, you may be responsible for an additional charge related to the claim that was submitted.