

Cornea and Contact Lens Institute of Minnesota

Patient Information Form

Welcome to our office! We'd like to get to know more about you, so we'd appreciate if you would take a moment to fill out this form so we can optimize your experience with us in the office today!

Name: _____ Date of Birth: _____

Email Address: _____ Cellphone: _____

What are your reasons for visiting us today? (please circle all the apply/may apply)

Routine Exam Medical Eye Health Check Acute/Chronic Eye Problem
New Glasses Computer Glasses Contact Lens Fitting Lasik Evaluation Referral From Doctor

Do you currently wear glasses or contact lenses? Glasses Contacts Both

Favorite thing about them? _____ Least Favorite? _____

Are you here for a contact lens fitting or evaluation? Yes No Maybe

Note: If currently wear or will wear, contact lenses, there is a separate fee for contact lens fittings and evaluation.

What is your occupation? _____

How many hours a day do you spend on a computer/electronic device? _____

Have you ever used Computer Glasses? Yes No **Do you use Sunglasses?** Yes No

Are you interested in the latest contact lens or glasses technology that may be applicable to your job or lifestyle and eye health? Yes No

Do you use Facebook? Yes No **Yelp?** Yes No **Google+?** Yes No **Other?** _____

Important Information about Your Insurance

As a courtesy to our patients, we participate with most medical and vision insurances and bill on your behalf. Please make sure to check with your insurance provider to verify we are in your network.

There are two types of insurances that may help cover your eye care services and products. You may carry both types.

1. **Major Medical Insurance** (I.E. Blue Cross Blue Shield and Medica)
2. **Vision Insurance** (I.E. VSP and EyeMed)

Here are a few items that may help you better understand your insurance(s) and the billing process:

- Vision insurance may cover wellness exams and include contact lens or glasses coverage as well. If you have a medical complaint at your wellness visit, your vision plan does not cover this.
- Medical Insurance will be used if you have an eye disease, chronic eye condition or systemic health condition that can lead to ocular complications and requires more thorough testing or treatment. It will also be used if the reason for your appointment warrants a medical examination. Your doctor will decide if this applies to you. In some cases, a medical examination is necessary based on your description of visual symptoms.
- If you have both types of insurances, it may be necessary to bill some services to one plan and other services to the other. We will use a coordination of benefits to do this properly, and to minimize your out of pocket expense. Please be aware, you are responsible for any amount not covered by your insurance, any amount applied to deductible and any copay or co-insurance as allowed by your insurance carrier. Please remember, we do not work on behalf of your insurance companies. We do not define the levels of coverage and we do not control whether an insurance company covers a service or not. We do our best to make sure your out of pocket is minimal.

I agree and understand the above information. I also give my consent to Cornea and Contact Lens Institute of Minnesota to bill my insurance carrier on my behalf.

Patient Signature

Date