

Patient:

Date :

**STATEMENT ON PUPIL DILATION**

In addition to your comprehensive eye examination an additional test is offered to all patients. Dr. Burd recommends a dilated fundus exam, or dilation. During the routine exam Dr. Burd looks inside the eye with a light which causes the pupil in the center of the eye to constrict. Because this opening gets smaller it is difficult for the doctor to see the entire retina. By placing medicated eye drops into the eye, the pupil is enlarged/dilated. This allows the doctor to check for early signs of systemic and ocular diseases. Although the test only takes a few minutes the drops will last anywhere from 2-6 hours and may blur your vision. Many patients prefer to have a driver when having this test done. This test is highly recommended to all patients, but especially those who have diabetes, high blood pressure, high cholesterol, or are experiencing floater or flashes of light in their vision. Choosing not to dilate may result in the inability to detect systemic and/or ocular conditions that could result in vision loss or death.

May we dilate your eyes today?      Yes      No      Initial \_\_\_\_\_

**INSURANCE SIGNATURE ON FILE**

I certify that the information given by me in applying for insurance and/or Medicare payment is true and correct. I authorize my doctor to act as my agent in helping me obtain payment of my insurance and/ or Medicare benefits, and I authorize payment of these benefits to Dr. Alison Burd on my behalf for any services furnished. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable to related services. If I have other health insurance coverage (as indicated in Item 9 of the HCFA-1500 claim form or electronically submitted claim), my signature authorizes release of the above medical information to the insurer of agency shown, and authorizes my doctor to act as my agent, as above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- 1. Medicare does not cover eyeglasses or contact lenses unless you have had cataract surgery.
- 2. Medicare covers only the first pair of eyeglasses following cataract surgery. This rule took effect July 1, 1991.
- 3. Medicare does not cover the refraction (eyeglass prescription) part of an eye exam (i.e. \$10.00)
- 4. Medicare does not cover any services unless the doctor finds a medical diagnosis. If your ONLY diagnosis is myopia, hyperopia, astigmatism, or presbyopia, Medicare will not pay.
- 6. Your signature on this form will serve as your "signature on file" and permission for release of information to Medicare or supplemental insurance. **RESPONSIBILITY STATEMENT**  
Many vision and health insurance companies have fixed allowances or percentages based on your contract with them not with our office. We will assist you in receiving reimbursement as much as possible, but you are responsible in advance for your bill. By initialing this statement you agree to be financially responsible for all charges.

Initial \_\_\_\_\_

**NOTICE OF PRIVACY PRACTICES**

I have read and understand the office's Notice of Privacy Practices. A copy is available upon request.

Signature

Date