Forgues Eyecare & Associates

AUTHORIZATION TO BILL INSURANCE COMPANY

I authorize and acknowledge that Forgues Eyecare will submit my claim on my behalf to my vision or medical insurance company for services rendered today and that Forgues Eyecare will be paid directly by my insurance company. I further understand that I will be held responsible for any amount of my medical bills not covered by my insurance policy or claims, and that I will be responsible for paying all deductibles, fees, co-payments, and co-insurance payments required. I understand that any portion of my medical bills not covered by insurance will be billed to me at the address that I have provided.

Non-compliance or defaulting on payments may result in denial of service and/or a legal claim against me for non-payment.

Patient Signature: _____ Date: _____

OPTOS® ULTRA-WIDEFIELD RETINAL IMAGING

Forgues Eyecare is proud to provide Optos®, a state-of-the-art, quick, non-invasive scan, which allows your eye doctor to study the inside of your eye without dilation. **The images captured will allow your doctor to evaluate your eye and retina to ensure that there are no signs of macular degeneration, retinal holes, retinal detachments, diabetic complications, hypertension/high blood pressure complications, and/or cancers**.

Early detection is crucial, therefore, it is strongly recommended that Optos® imaging be done **annually** for all patients as a screening tool for pathology. Under some circumstances dilation may still be necessary.

Optos® imaging is covered by a fee of $39, which may be self-paid at your appointment with cash, check, credit card, FSA or HSA.

☐ Yes, I would like to have Optos® imaging at my appointment.

☐ No, I am declining Optos® imaging and acknowledge that dilation may be used.

UP-TO-DATE COMMUNICATIONS

Current address:_____

Current email: _____ Current cellphone: _____

Please bring this form to your appointment or email this form to **WorcAdmin@ForguesEyecare.com**.