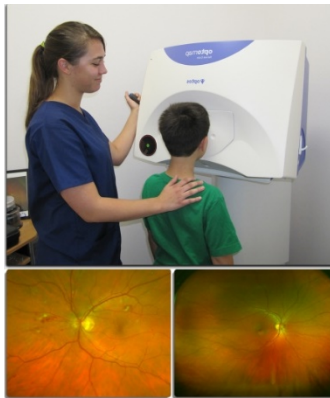
optomap®

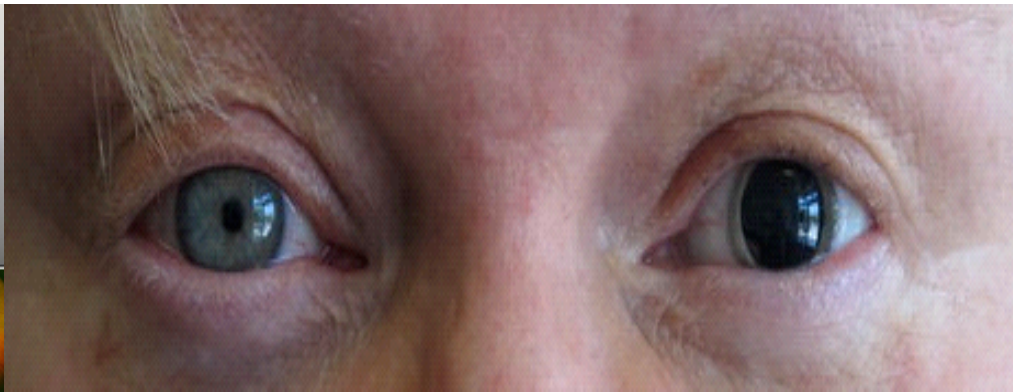
ultra-wide digital retinal imaging

By law, the doctor has to see the back of your eyes to determine eye health. There are two ways for him to see the back of your eye.

Option 1: Optomap scanner that does not require eye drops and has zero side effects. (NO DROPS)

Option 2: Dilation Eye Drops, which widens your pupil as seen below. Side effects include sensitivity to light and blurred vision up to 8 hours.





Optomap

DILATION DROPS

Benefits of Optomap

- This exam provides you and your family the best standard of care. We are able to help many of our patients discover potentially sight-threatening diseases such as retinal detachements, glaucoma, and macular degeneration
- Early detection allows many options for treatment which may be no longer available in later stages. This technology also aids in discovery of systemic health problems such as High Blood Pressure, Diabetes, dementia, and Alzheimer's disease.
- It is painless, quick and thorough (documents up to 95% of your retina in 1⁄4 second). The Optomap retinal image gives your eye doctor a much larger view than conventional eye exam equipment.
- Your eye doctor will view your Optomap with you today. These permanent digital images of your retinas can be referred to in the future, allowing your doctor to monitor changes in your health.

As with many advanced medical technologies, insurance will not cover this diagnostic screening for routine exam.

__________ **$49.00** ____

By signing this form you are consenting to have the Optomap Retinal Scan performed as part of today's eye exam.

__________ I do NOT want the Optomap scan today and prefer the dilation eye drops.

__________ I do NOT want either dilation eye drops or Optomap Scan, I understand the doctor can not check the health of my eyes today.

Patient Signature ____ Date ______/______/________

Seaview Optical on Linton Road

B. Patient Name: **C. Identification Number:**

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D.** ____________ below, you may have to pay.
Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D.** ____________ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Optomap Eye Scanner	**Routine not covered**	**49.00**
Refraction (Eyeglasses Prescription)	**Non-covered Service**	**59.00**

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D.** ____________ listed above.
  Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the **D.** ____________ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **D.** ____________ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed**.

☐ **OPTION 3.** I don't want the **D.** ____________ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048).
Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:	J. Date:

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