



The Eye Care Center of New Jersey
108 Broughton Avenue
Bloomfield, NJ 07003

Dear Patient,

Welcome to **The Eye Care Center of New Jersey**! It means a great deal to us that you have chosen us to serve as your eye care specialists. We want to assure you that our doctors and staff will constantly strive to earn your continued confidence and satisfaction.

In order to provide you with the best medical care, we will need your comprehensive medical history. You can assist us, and save time during your first visit, by completing the enclosed forms in advance. Please bring these forms, as well as your **current insurance card** and **referral** from your primary care doctor (if necessary) with you when you come to the office.

If you are a contact lens wearer, please bring your lenses and any information you may have about them (including brand and prescription) with you to your visit. If you would like a new contact lens prescription, please be advised that there is a fee for this service. Our staff will discuss your options with you in the office.

Please allow 90 minutes for your complete, thorough examination as you will go through several tests and your eyes take 30 minutes to dilate. You may want to bring a driver with you if you are uncomfortable driving with your eyes dilated.

We are participating providers in Medicare as well as many other health plans. Please be advised that we require payment for uncovered services at the time of your visit, including refraction fees, co-pays, and deductibles. There is a \$10.00 service fee if these fees are not paid on the day of your visit.

As a courtesy to us and our other patients, please call at least 24 hours in advance if you must cancel your appointment.

Please know that we have a full-service optical shop, J.G. Optical, on the premises. Stop by during your visit for all your eyewear needs. We have included a coupon for your first visit.

For more information about our practice and J.G. Optical, please visit our web site at:

www.eyecarenj.com

If you have any questions or require any additional information, please call us at 973-743-1331.

Sincerely,

The Doctors and Staff of The Eye Care Center of New Jersey

THE EYE CARE CENTER OF NEW JERSEY
PATIENT REGISTRATION FORM

Welcome to our office. Please complete this form and return it to the receptionist.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Name: _____ M _____ F _____ Date: _____
First Middle Last

Address: _____
Number & Street Apt. No. City & State Zip

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-Mail Address: _____

Please check here if we may contact you via email: [] We will not share your email with any outside agency.

Date of Birth: _____ Social Security No.: _____

Occupation/Employer: _____

If you are a student, are you Full-time or Part-Time? _____

If Patient is a Minor – Responsible Party: _____
First Middle Last Relationship

Emergency Contact: _____ Phone: _____

Address: _____ Relationship: _____

If your health insurance requires a referral, who is your primary care physician:

Primary Medical Doctor: _____ Phone: _____

Address: _____
Number & Street Apt. No. City & State Zip

If different from above, how did you hear about The Eye Care Center of New Jersey?

☐ Insurance Company ☐ Google ☐ Newspaper ☐ Yellow Pages ☐ Optician ☐ Hospital ☐ Nursing Home ☐ Brochure ☐

Sign/Live near office ☐ Other

☐ Referred by Optometrist or Physician

Name: _____ Phone: _____

Address: _____

☐ Referred by existing Eye Care Center Patient

Name of Patient: _____ Relationship: _____

Reason for visit – briefly explain any current eye problems: _____

Please list any sports, hobbies, or interests that would create a special need for your eye care:

THE EYE CARE CENTER OF NEW JERSEY
MEDICAL QUESTIONNAIRE

Name: _____ Date: _____

The information you provide on this form will be helpful to the doctor performing your eye examination.

Please check (✓) whether or not **You** have any of the following and add the name of the condition, if possible. Answer **YES or NO to EACH question.**

	YES	NO	
Heart Disease?.....	_____	_____	_____
High Blood Pressure?.....	_____	_____	_____
Breathing or Lung Problems?.....	_____	_____	_____
Disease of the Nervous System?...	_____	_____	_____
Vascular (Blood Vessel) Disease?..	_____	_____	_____
Diabetes?.....	_____	_____	How Many Years? _____
Intestinal Disease?.....	_____	_____	_____
Thyroid Disease?.....	_____	_____	_____
Arthritis?.....	_____	_____	_____
Cancer?.....	_____	_____	_____
AIDS/HIV Infection?.....	_____	_____	_____
Hepatitis?.....	_____	_____	_____
Autoimmune disease?.....	_____	_____	_____
Do You Smoke?.....	_____	_____	Amount Per Day? _____
Do you drink alcohol?.....	_____	_____	Number of Drinks Per Day: _____
Any recent surgery or hospitalization? Explain: _____			

Please list all medication that you take, or write "**None**" _____

Please list all medications that you are allergic to or write "**NONE**" _____

Please check (✓) whether or not there is a **Family History** of eye-related problems:

YES	NO		YES	NO	
_____	_____	Glaucoma	_____	_____	Crossed Eye/Lazy Eye
_____	_____	Retinal disease	_____	_____	Other (explain below)



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What to Expect During Your Visit

Thank you for choosing The Eye Care Center. We are glad that you have taken the time to check the health of your eyes. Like diseases elsewhere in the body, glaucoma, diabetic retinopathy, and many other diseases often have no early symptoms. That is why it is important to have regular exams to keep your eyes healthy.

Below are the steps involved in the complete eye examination you will receive:

1. Our ophthalmic technician will take a medical history. Information will be gathered about specific eye problems you may be having, as well as systemic illnesses, past ocular history, and family history of eye diseases. Your vision will then be checked.
2. Next, we will perform a refraction (placing different lenses in front of your eyes to measure the correction needed, if any, in your glasses or contact lenses). One of the most important parts of your eye exam today is the refraction. That is the part of the exam by which we determine whether you can be helped in any way by a new glasses prescription. It is also how we determine the best possible visual acuity and function of your eye, which is **essential medical information** for us to have as we assess your eyes and look for problems. It is NOT a covered service by Medicare and most other insurance plans. These plans consider refraction a “vision” service not a “medical” service. Unless your plan automatically covers the refraction charge, this fee is collected at the time of service in addition to any co-payment, coinsurance or deductible your plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly.
3. We will also complete an external exam, evaluate your eye movements and peripheral vision and perform other standard tests. Then, we will look for any signs of inflammation or infection within the eye.
4. A microscopic exam will be performed using a slit lamp, which gives a detailed view of the front part of the eye, including the cornea, conjunctiva, and the lids.
5. The fluid pressure inside your eye (intraocular pressure) will be measured for signs of glaucoma, which is often characterized by high pressure. High pressure can result in damage to the optic nerve, which carries vision from the retina to the brain.
6. In order to detect other problems and diseases, your pupils will be dilated with drops. The drops, which take effect in approximately 30 minutes, will allow the doctor to examine you for cataracts as well as diseases that might be present in the vitreous, retina, and optic nerve. The retinal blood vessels are checked for possible signs of diabetes or high blood pressure. The dilation drops will blur your vision for 3-6 hours and will make you light sensitive. It also may impair your ability to drive. You may want to bring a driver with you.
7. If you have a change in your eyeglass prescription, you may take your prescriptions to J.G. Optical, conveniently located on the premises. This is our own optical shop and we take personal responsibility for filling your prescription.
8. If you want information about CL or want to be fitted with them, we can do this, but you will need to return for a fitting visit before a prescription can be given.

To conclude, your doctor will review his/her findings with you and discuss how they relate to the problems that brought you to our office. A discussion of any diseases, risk factors, and treatment will also take place.



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We Are Participating Providers In Medicare

We agree to charge you no more than Medicare's approved amount for all Medicare-covered services. Our staff submits claims directly to Medicare for you. Medicare pays us directly for 80% of the approved amount for covered services, after the annual deductible has been met.

Any services not covered by Medicare will be due at the time of service. We will bill you for any deductible you owe and your 20% co-payment. We will need to scan your Medicare card so please bring it with you. You will need to sign an authorization enabling us to bill Medicare for your services. Please tell us if Medicare is not your primary insurance.

What About Non-Covered Services?

Non-covered services that we deal with frequently are **routine eye exams** and **refractions**.

- Routine eye exams are considered check-ups by Medicare and they do not pay for routine care. However, if there is a medical condition, Medicare will pay for the exam. Please understand that we cannot provide a diagnosis for a medical condition to assure reimbursement. If Medicare refuses to pay for the exam, we will bill you directly for the service.

- A refraction is the part of the exam where we place different lenses in front of your eyes to measure the correction needed, if any, in your glasses. Medicare considers this part of your examination routine and does not pay for it. This fee is payable at the time of your exam.

What Does My Bill Include?

You are responsible for:

- Any services not approved or covered by Medicare.
- Any part of the Medicare deductible you have not met for the calendar year.
- The 20% co-payment of the allowed Medicare fee.

The surgeon's and outpatient hospital fees for cataract surgery are covered if you have supplemental insurance and if you have met your annual deductible.
