

Swartz Family Eyecare, LLC

Optomap Retinal Image Screening

An Optomap screening provides a fast, painless, ultra-widefield view of your retina (light sensing layers in the back of your eye), helping detect early signs of eye conditions and retinal diseases—often before symptoms occur. One major benefit is that the image can be saved and compared over time, allowing your eye doctor to monitor subtle changes in your eye health year after year. It's a smart, proactive way to protect your vision for the long term. In some cases, Optomap screening serves as an alternative to dilation. Some vision care plans do not cover retinal imaging. If your plan does not, a \$39 screening fee will apply

☐ I agree to Optomap screening

☐ I do not agree to Optomap screening

Patient/Guardian Signature: _____ **Date:** _____

Dilation Policy

I understand that dilation of my pupils is an important diagnostic tool that aids the doctor in determining my state of health. I understand that by refusing dilation, I risk having a sight threatening disorder or other disease left undiagnosed.

please choose ONE of the following:

☐ I allow the doctors of Swartz Family Eyecare, LLC to dilate my pupils today.

☐ I am unable to have my pupils dilated today but am willing to return to do so.

☐ I refuse dilation of my pupils today and will not be returning to do so.

☐ I have had my eyes dilated within the last 6 months by Dr. _____.

Patient/Guardian Signature: _____ **Date:** _____

Lifestyle Index

Headaches of any severity each week, usually getting worse later in the day	1 Never ○	2 Rarely ○	3 Sometimes ○	4 Very Often ○	5 Always ○
Stiffness/pain in neck/shoulders while working at a computer, reading, or with prolonged near work	1 Never ○	2 Rarely ○	3 Sometimes ○	4 Very Often ○	5 Always ○
Eye discomfort with computer use redness, burning, or other symptoms after long hours looking at the screen	1 Never ○	2 Rarely ○	3 Sometimes ○	4 Very Often ○	5 Always ○
Tired eyes with increasing feeling of eye fatigue throughout the day	1 Never ○	2 Rarely ○	3 Sometimes ○	4 Very Often ○	5 Always ○
Dry eye sensation feeling progressively worse (dry/scratchy) while working at a computer, reading, or near work	1 Never ○	2 Rarely ○	3 Sometimes ○	4 Very Often ○	5 Always ○
Light sensitivity especially with brighter, stronger lights like fluorescents or headlights	1 Never ○	2 Rarely ○	3 Sometimes ○	4 Very Often ○	5 Always ○
Motion sickness or an experience like dizziness or vertigo	1 Never ○	2 Rarely ○	3 Sometimes ○	4 Very Often ○	5 Always ○



*Brent P. Swartz, O.D.
Mariana Toplek-Swartz, O.D.
Dalton Faler, O.D.*

Medical Insurance versus Vision Care Plans

There are two types of health benefits that may help pay for your eyecare services and products. You may have both and our practice may accept both.

- Vision care discount plans (Such as VSP and EyeMed)
- Medical Insurance (Such as Aetna, Anthem, Blue Cross and Blue Shield, Humana, Medical Mutual, and United Healthcare).

Vision care plans only cover routine vision exams along with eyeglasses and contact lenses. Vision plans only cover basic screenings for eye disease. They do not cover the diagnosis, management or treatment of eye diseases (which include but are not limited to cataract, dry eye, glaucoma, macular degeneration, vitreous floaters), eye injuries or previous eye surgeries.

Medical Insurance must be used if you have any eye health problem or systemic health problem (for example diabetes and hypertension) that has or has potential for ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by your case history.

If you have both medical insurance and a vision care plan it may be necessary for us to bill some services to one plan and some services to the other. We will use coordination of benefits to do this properly and to minimize your out-of-pocket expense.

It is your responsibility to know your insurance benefits. We will bill your benefit plans for services if we are a participating provider for that plan. (PLEASE NOTE-Your benefit providers state they are not responsible for the accuracy of any information they provide us but can only be held responsible for what is stated in YOUR contract.) If some fees are not covered by your plan, we will bill you for any unpaid deductibles, co-pays or non-covered services or materials as allowed by medical insurance or vision plan contract.

I have read and agree with these policies.

Date _____
Patient Signature (Parent if child is under the age of 18 or if you are a legal guardian, etc.)

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