



Professional Office of: Dr. David Zehnder O.D. and Dr. Andrea DiNovo O.D.

We ask all of our patients to provide us with both their medical and vision insurances. The vision insurance companies cover "Routine Eye Exams Only". This means; if the patient does not have any symptoms (no redness, no itching, no blurred vision, etc.) and NO prior diagnosis of medical issues, their VSP, EyeMed, etc can be billed for their exam.

I have read the above statement and I agree to be personally responsible, for services rendered, should my insurance not cover my services at Advanced EyeCare Associates. I also acknowledge that I have received a copy of and understand the HIPPA Notice of Privacy Practices.

Signature: \_\_\_\_\_

**Patient Information - Please complete all questions!!!**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

SS # \_\_\_\_\_

E-Mail: \_\_\_\_\_

DOB: \_\_\_\_\_

(This address will not be shared outside our office)

Employer/School: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact/Guardian: \_\_\_\_\_

Marital Status: (Please circle one)  
Single Married Divorced Separated Widowed

Phone: \_\_\_\_\_

**Insurance Info:**

Primary Medical Insurance: \_\_\_\_\_

**Vision Insurance Info: (Please circle one)**

Insurance ID: \_\_\_\_\_

Eyemed Vision Service Plan(VSP)

Subscriber Address: \_\_\_\_\_

Vision Plus Vision Care Plan(VCP)

(if different from yours) \_\_\_\_\_

Other: \_\_\_\_\_

Subscriber SS #: \_\_\_\_\_

Subscriber Address: \_\_\_\_\_

(if different from yours) \_\_\_\_\_

(if different from yours) \_\_\_\_\_

Subscriber DOB: \_\_\_\_\_

Subscriber SS #: \_\_\_\_\_

(if different from yours) \_\_\_\_\_

(if different from yours) \_\_\_\_\_

Check if you have a secondary insurance \_\_\_\_\_

Subscriber DOB: \_\_\_\_\_

(if different from yours)

**Best form of contact: (Please circle all that apply)**

Home Phone Cell Phone  
Email Text\*(data rates may apply)

**Lifestyle Visual Needs Assesment:**

(Please circle all that apply to the patient's lifestyle)

**Preferred Language: (Please circle one)**

English Spanish

Basketball Softball Lacrosse  
Soccer Football Swimming  
Golfing Tennis Computers  
Needlework Reader Bike Rider  
Shooting/Hunting Other: \_\_\_\_\_

**Race: (Please circle only one)**

American Indian or Alaska Native Asian  
Black or African American Hispanic  
Native Hawaiian/Other Pacific Islander White

**Ethnicity: (Please circle one)**

Hispanic or Latino  
Native Hawaiian/Other Pacific Islander  
Not Hispanic or Latino

Dr. David Zehnder O.D.  
Dr. Andrea DiNovo O.D.



1832 Castleton Way  
Delaware, OH 43015  
Phone: 740-363-2015  
Fax: 740-369-2408

Welcome to Advanced Eyecare Associates, the office of Dr. David Zehnder and Dr. Andrea DiNovo. The policies listed herein have been approved by the management with the goal of providing the finest care and service to our patients; therefore, your complete understanding of our financial policy is essential.

Many changes have taken place in the health insurance industry. Products and services once covered in full may now be partially covered, covered only under certain circumstances, or in some cases not covered at all. It is your responsibility to know your plan benefits.

The level of eye care we provide at Advance EyeCare Associates most generally falls under the medical health care plans. Vision plans do cover the refraction portion of the exam (the testing which determines the patient's prescription for their glasses or contacts). They also provide some benefits toward the purchase of glasses or contacts.

Advanced EyeCare Associates will bill your medical insurance company(s) and vision insurance company(s) as a courtesy, but it is not a guarantee of payment. If your insurance company does not respond to your claim within 60 days, we will assign the charges to your personal account and you will be responsible for your payment.

Advanced EyeCare Associates will make a reasonable effort to assist patients in meeting their financial obligations. Financial arrangements for payments will be made at the discretion of Advanced EyeCare Associates based on the patient's liability and the patient's ability to pay. If the account is not paid in full or satisfactory arrangements made within the allowable time frame, Advanced Eyecare Associates reserves the right to refer the account to an attorney and/or a collection agency for collection of the balance. Patient/Guarantor will also be responsible for any collection fees incurred.

A \$30.00 Returned Check Fee will be assessed to the account for every check returned to our office for insufficient funds.

In the event you are unable to make your scheduled appointment, please cancel at least 24 hours prior to the appointment. Our office reserves the right to bill an office visit fee of \$25.00 for non-compliance to this policy.

Insurance cards need to be presented prior to your appointment and co-payments are due when services are rendered.

Thanks you for allowing us to provide your health care needs. If you have any questions about your financial obligation or health care needs, please feel free to discuss them with one of our staff members. We will be more than happy to assist you.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Dr. Initials (for staff use)

\_\_\_\_\_  
Patient # (for staff use)



Our office is proud to provide to our patients the most highly advanced digital retinal imaging technology available today! Our ability to view your internal retinal health is now dramatically improved with the Topcon Retinal Imaging.

Drs. Zehnder & DiNovo are concerned about retinal problems such as macular degeneration, glaucoma, retinal holes, retinal detachments, and diabetic retinopathy (all of which can lead to partial loss of vision or blindness).

**EARLY DETECTION IS CRUCIAL!**

**The Topcon Retinal Camera provides:**

- A digital computerized map of the retina.
- An in depth view of the retinal layers where disease can start.
- The ability to show you your images today during your exam.
- A permanent record for your medical file (year to year screenings for potential eye disease, and tracking of diagnosed eye disease).

Your vision insurance is designed to cover a basic eye exam; it does not always cover advanced screening tools such as the Topcon Retinal Camera. Your medical insurance can be billed for this procedure, as long as the doctors have a medical diagnosis. The doctor strongly recommends that **ALL** patients have a retinal photo taken annually. For most patients, the retinal camera can be used in lieu of a dilated eye examination which will eliminate the need to use eye drops to dilate the eyes.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Unless you are being dilated today, if you decline the Topcon Retinal Imaging, you are limiting our ability to accurately determine the health of your eyes and must sign below.

I decline the Topcon Retinal Imaging exam:


Patient signature \_\_\_\_\_ Date \_\_\_\_\_


# Hearing Professionals of America<sup>LLC</sup>


As part of our commitment to your total health, you will receive a free hearing screening during your eye care visit today. Vision and hearing are strongly linked, and it is important that both are checked yearly.  
*(This screening is not intended to replace a comprehensive hearing exam that leads to a diagnosis.)*


Patient Information		
Name:	Date of Birth	
Home Address:	Phone:	
City:	State:	Zip:
Email Address:		
<b>Patient History:</b> This will help direct you to the appropriate professional hearing care.		
Do you have ringing in the ears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you experienced sudden or rapid hearing loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel frequently dizzy or have sense of imbalance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel like people are mumbling as they speak to you on the phone or in person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have trouble hearing in noisy situations or ask people to repeat themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Lifestyle/Activities</b>		
Do you use a music player with headphones more than 5 hours a week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been exposed to prolonged loud noise? (i.e.: factory work, power tools)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you a member of Military or a hunter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

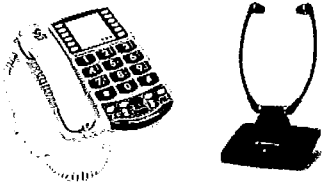
**I am interested in the following products/services: (Check all that apply)**

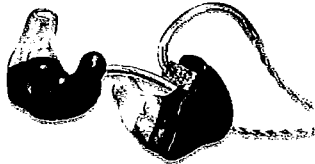
Hearing Health Evaluation
Complimentary hearing test


Tinnitus Therapy
"Ringing in the Ears"


Digital Hearing Aids
Featuring sona, instant fit and upgradeable hearing instruments


Protection & Performance
Universal & custom fit devices for swimming, shooting, motorcycles, and much more


Assisted Listening Devices
Amplified Phones, TV Ears, Pocket Talkers and more...


Lifestyle Products
Custom ear molds for ipod earbuds, bluetooth, musicians


<b>FOR INTERNAL OFFICE USE ONLY</b>	<b>Location ID#</b>
Screening Results: # of NR _____ SP _____ RP _____ CP _____	OH1002