SUNGATE MEDICAL GROUP

Your Gateway to Wellness.

Name: _____ Birth Date: _____ Age: _____

Street Address: _____ ☐ Male ☐ Female

City/State/Zip: _____ SSN: _____

Home Phone: _____ Cellphone: _____

Referring Physician: _____ Family Physician: _____

Emergency Contact: _____ Phone: _____

Reason for Visit: _____ How **did you hear about our practice?** _____

Are you: Employed Retired Employer's Name: _____

Occupation (Present or Past if Retired): Work Phone: _____

_____ Email Address: _____

Pharmacy_____

Past Medical History: (please circle all that apply)

Anxiety
Arthritis
Artificial Joints
Asthma
Atrial Fibrillation
Bone Marrow Transplant
Breast Cancer
Colon Cancer
COPD
Coronary Artery Disease
Depression
Diabetes
End Stage Renal Disease
GERD
Hearing Loss
Hepatitis
Other_____

Hypertension
HIV/AIDS
Hypercholesterolemia
Hyperthyroidism
Hypothyroidism
Leukemia
Lung Cancer
Lymphoma
Pacemaker
Prostate Cancer
Radiation Treatment
Seizures
Stroke
Valve Replacement
None

Past Surgical History_____

_____

Ocular History: (circle all that apply)

Allergic Conjunctivitis
Blepharitis
Cataract Left eye / Right eye
Corneal dystrophy Left eye / Right eye
Diabetic retinopathy

Dry eyes
Glaucoma Left eye / Right eye
Macular degeneration Left eye / Right eye
Other: _____

Macular ERM (pucker) Left eye / Right eye
Narrow Angles Left eye / Right eye
Ocular hypertension Left eye / Right eye
Ophthalmic Migraines
Pseudoexfoliation
Retinal tear
Strabismus
PVD Left eye / Right eye
Vitreous floaters Left eye / Right eye

 Name:_____

Ocular Surgery: (please circle all that apply)

Blepharoplasty
Cataract surgery
Corneal transplant Left eye / Right eye
DSAEK Left eye / Right eye
Retinal Laser Left eye / Right eye
Intravitreal injections Left eye / Right eye
LASIK Left eye / Right eye
LPI Left eye / Right eye
Punctal plugs
PRK Left eye / Right eye
Ptosis repair Left eye / Right eye
Strabismus surgery
Tube shunt Left eye / Right eye
Trabeculectomy Left eye / Right eye
Yag capsulotomy Left eye / Right eye
None
Other:_____

Family History: (please circle all that apply)

Blindness
Cancer
Cataracts
CVA
Diabetes
Glaucoma
Heart disease
Macular degeneration
Migraines
Retinal detachment
Strabismus
None
Other:_____

Please list all current Medications: NONE

_____

_____

Allergies: (please list all allergies) NONE

_____

_____

Social History: (please circle all that apply)

Cigarette Smoking:
Never Smoked
Quit: former smoker
Smokes daily

Alcohol Use:
None
Less than 1 drink a day
1-2 drinks a day
3 or more drinks a day

Other_____

SunGate Medical Group

Payment and Insurance Policy

We are participating providers with **Medicare, Blue Cross Blue Shield PPO, Aetna, and traditional Medicaid plans.** We also participate with some **EyeMed** vision plans (please consult office staff for details).We will automatically file your claims to these insurers. You will be responsible for any applicable co-pays at the time of your visit As a courtesy, we will also file claims to other primary insurers, however, payment in full for services rendered will be collected on the date of service. If you are a **Medicare** patient, we will file to a secondary insurer as well. Any tertiary policies or secondary policies to insurers other than **Medicare** are the patient's responsibility for reimbursement.

Medicare, as well as most other insurers, **DOES NOT** cover refraction charges. The refraction is a test that is necessary to determine one's best corrected vision and is an essential part of a complete eye exam. **THERE IS A $35.00 CHARGE FOR THIS TEST WHICH YOU WILL BE REQUIRED TO PAY AT THE TIME OF YOUR VISIT.** Should you have any questions regarding this charge, please ask the medical assistant prior to the start of your exam.

Please acknowledge that you have **read** and **understand** our payment and insurance policy by signing below:

Patient Signature_____ Date_____

Contact Lens Policy

If you are a current contact lens wearer or are considering contact lenses for the first time, there is a **yearly Contact Lens Evaluation fee.** Fees range from $70 to $140 and vary depending on contact lens type & difficulty of fitting. This will be charged yearly when a patient is new to contact lenses or when updating a current wearer's prescription. This fee is to be paid at the time the service is rendered. Most medical insurance plans **DO NOT** cover the contact fitting fee.
ALL CONTACT LENS PERSCRIPTIONS EXPIRE AFTER ONE YEAR FROM THE DATE OF EXAMINATION. THIS IS A FEDERAL REQUIREMENT AND WE ARE OBLIGATED TO ADHERE TO IT. If it has been a year since your last contact lens exam or fitting, you will need a new exam and fitting to update your contact lens prescription. Should you have any questions regarding this charge, please ask the medical assistant prior to the start of your exam.

Please acknowledge that you have **read** and **understand** our contact lens policy by signing below:

Patient Signature_____ Date_____

Release of Medical Information and Assignment of Benefits

I hereby authorize the release of any medical information necessary to process my insurance claims and also assign to the physician all payments from Medicare, Blue Cross Blue Shield, Medicaid, Aetna and any other insurance plan we may file on your behalf. I also give permission for any medical treatment deemed necessary by the physician.

Patient Signature_____ Date_____

IF PATIENT IS A MINOR, A PARENT OR GUARDIAN SIGNATURE IS REQUIRED

Patient Name_____ Relationship_____
Parent/Guardian Signature_____ Date_____

Patient Consent Form

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal healthcare information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or healthcare operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use of disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Print Name:_____________________ Signature:___________________ Date:_______

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Compliance Assurance Notification for our Patients

To Our Valued Patients:

This misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule." We strive to achieve the very highest standards of ethics and integrity in performing services for our patients.

It is our policy to properly determine appropriate use of PHI in accordance with the governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

We also know that we are not perfect! Because of this fact, our policy is to listen to our employees and our patients without any thought of penalization if they feel that an event in any way compromises our policy of integrity. More so, we welcome your input regarding any service problem so that we may remedy the situation promptly.

Thank you for being one of our highly valued patients.