

CONSENT FORM

MEC: MEDICAL EYE CARE

LEGAL NAME: _____

815.676.4474

staff@4sighticare.com

www.4SightiCare.com

DATE OF ORDER: _____


4Sight iCare

11914 Illinois Rte 59, #106
Plainfield, IL 60585-5110


Thank you for trusting your eyes to 4Sight iCare. A comprehensive annual eye exam may bring light to something that needs more attention. Some doctor-ordered tests are performed at the annual eye exam, most are performed at a return visit; every insurance interprets each test uniquely. All ordered tests are coded for **up to full coverage by medical insurance** but may be **up to 100% patient responsibility**; some patients prefer to bypass insurance with our 20% prompt-pay discount available upon request. Your doctor has ordered these tests to help you **SEE YOUR BEST!**


DOCTOR'S ORDERS:


 **92285 - EXTERNAL OCULAR PHOTOGRAPHY** - image(s) of the eye/eyelid ordered by your doctor to guide future evaluation and management of conditions on the front surface of the eye/inner eyelid - **\$40 to insurance** (\$32 prompt pay).

 **92060 - SENSORIMOTOR EXAM** - specialized equipment used to measure eye movements and coordination ordered by your doctor to guide future evaluation and management of eye teaming - **\$72.50 to insurance** (\$58 prompt pay).

 **92083 - EXTENSIVE THRESHOLD VISUAL FIELD** - ordered to rule out or confirm the presence of a visual field defect (abnormal blind spot) suspected at a visit - **\$84 to insurance** (\$67.20 prompt pay).

 **92284 - DARK ADAPTATION** - ordered to best evaluate and manage your risk of detectable vision loss due to Age-Related Macular Degeneration and other eye diseases associated with night-blindness - **\$72.50 to insurance** (\$58 prompt pay).

 **92250 - FUNDUS PHOTOGRAPHY** - ordered to image an ocular finding or deeply investigate changes associated with systemic disease - **\$98 to insurance** (\$78.40 prompt pay).

 **92133 - SCANNING COMPUTERIZED OPHTH IMAGING, OPTIC NERVE** - ordered to evaluate the structural changes associated with optic nerve disease such as glaucoma - **\$60 to insurance** (\$48 prompt pay).


 **SPECIALTY SERVICE - SEE YOUR BEST** upon completion of the additional services identified on the reverse side listed on the **Prescribed Eye Care Report**.

 **RETURN TO PERFORM TEST(S) & EVALUATE & MANAGE MEDICALLY AT FUTURE VISIT(S)**

 **TEST & EVALUATE & MANAGE MEDICALLY TODAY W/ FOLLOW UP VISIT(S) AS NEEDED**

PATIENT'S DECISION ON PRESCRIBED EYE CARE:

I acknowledge my responsibility as account guarantor and I consent to the doctor's orders (YES): 

I acknowledge the education above but I don't want to follow the doctor's orders at this time (NO): 



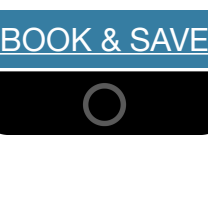






Signed by the patient or the patient's guarantor: _____

Preferred Name: _____



At your annual comprehensive eye exam each year we'll generate a plan to help you SEE YOUR BEST that is tailored specifically to your eyes. This list of specialty services in your Prescribed Eye Care Report is prioritized with the most important at the top. By scheduling a specialty visit the day of your exam or booking online following the education on exam day, you're entitled to your **\$40 Instant Savings**, part of your B4EP (Benefits 4 Established Patients). We always hope to see you back for follow up visits when your doctor prescribes additional care, but we understand that you're ultimately in charge of your healthcare. MEC (Medical Eye Care) is always specified with or without dilation and within a certain time frame given the level of risk (shorter time = greater urgency). All other services are best performed within one month of your annual comprehensive eye exam.

4Sight iCare's Prescribed Eye Care Report:

Your doctor prescribed these next steps to SEE YOUR BEST: 	 4Sight iCare  BOOK & SAVE
MEC: Medical Eye Care with/without dilation within ___ days/weeks/months (Medical Ins.) 	
DEA: Dry-Eye/Allergy Assessment (Medical Ins. + Eyelid Hygiene = HTB* + LLT/TGT*) 	
MMC: Myopia Management Consultation (Initial consult \$58 after B4EP*) 	
MVP: Maximum Vision Protection/Performance (\$58 < 44; \$98 ≥ 44 after B4EP*) 	
VTE: Vision Training Evaluation + VT Program demo (First eval \$58 after B4EP*) 	
VST or LASIK/SMILE/ICL Co-management (Initial consult \$58 after B4EP*) 	



BENEFITS OF [RevolutionPHR](#) (YOUR ONLINE PATIENT PORTAL)

- BOOK/CONFIRM FUTURE APPOINTMENTS ONLINE & SEE DOCTOR'S ORDERS
- UPDATE YOUR FAMILY'S DEMOGRAPHIC INFORMATION & SEE OFFICE INFORMATION
- VIEW/PRINT PRESCRIPTIONS & CHECK STATUS OF YOUR GLASSES/CONTACT LENS ORDERS
- VIEW/PRINT INVOICES; SEE REMAINING BALANCES/CREDITS (click show all under Accounts)

4 EASY STEPS TO GAIN ACCESS to RevolutionPHR:

1. Scan the QR code below or use this link: <http://bit.ly/RevPHR>
2. Enter your "Username" as the email address you provided us and click "submit".
3. Visit your email inbox and click the reset link sent to you by revolutionPHR.
4. Reset the temporary password: it must be at least 8 characters, include at least one number and have one capital letter. Your new login credentials give you access to your complete eye health record; just log in with your new password and enjoy. Don't forget to invite your friends and family to share in this online experience that keeps you in touch with your eye doctor's office all year round. Phone or text 815-676-4474 with any questions.



B4EP* = Benefits 4 Established Patients like "\$40 Instant Savings" for all patients with **Established** status: details within intake forms.
HTB* = Healthy Tears Bundle consists of doctor-sourced eyelid hygiene; prevents **Pink Eye, Styes, Blepharitis, and Dry Eye Disease**.
LLT/TGT* = Lids & Lashes Therapy / Tear Gland Treatment are **in-office** procedures to set eyelid glands & eyelashes back to baseline.