

ROUTE SLIP

MEDICARE MEDICAL ASSISTANCE OTHER ACCEPT ASSIGNMENT YES NO

HEALTHY EYE INSURANCE COMPANY: _____ HEALTH INSURANCE COMPANY: _____ DEDUCTIBLE MET

PATIENT NAME: _____ D.O.B.: _____ SEX M F

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MC #: _____ MA #: _____

INSURED NAME: _____ RELATIONSHIP TO INSURED: _____

INSURED ID/SSAN: _____ GROUP #: _____

EMPLOYER: _____ DATES OF SERVICE: _____

CPT

General Ophthalmological Services

Table with columns: New, Estab., Fee. Rows: Intermediate (92002, 92012), Comprehensive (92004, 92014), Reduced Service (92004-52, 92014-52)

Evaluation and Management Services - New Patient

Table with columns: Exam Req., Hx, PE, MDM, Fee. Rows: Level 1-5 with various codes and fees

Evaluation and Management Services - Established Patient

Table with columns: Exam Req., Hx, PE, MDM, Fee. Rows: Level 1-5 with various codes and fees

Office Visits and Services

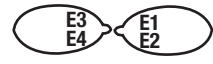
Table with columns: New or Established, Fee. Rows: Consultation (Level, 9924), Nursing Home Care (Level, 993)

Special Ophthalmological Services

Table with columns: Description, Fee. Rows: Refraction (92015), CL Fitting and Evaluation (9231), Specialty CL Fitting and Evaluation (9231-22), Therapeutic CL Fitting & Supply (92070), Gonioscopy (B) (92020), Sensorimotor Examination (92060), Orthoptic or Ploleptic Training (92065), Visual Field - Limited (B) (92085), Visual Field - Intact (B) (92086), Visual Field - Threshold (92083), Serial Tonometry (B) (92100), Diagnostic Imaging (M) (92135), Pachymetry (B) (76514), Ext. Ophthalmoscopy - init (M) (92225), Ext. Ophthalmoscopy - subseq.(M) (92226), Corneal Topography (B) (92025), Fundus Photography (B) (92250), External Ocular Photography (B) (92285), Services requested after office hrs* (99050), Supplies and Materials* (99070), Other (RT/LT)

Surgical Procedures

Table with columns: Description, Fee. Rows: Removal of skin tags (11200), FB removal, conjunctiva, superficial (65205), FB removal, conjunctiva, embedded (65210), FB removal, cornea, slit lamp (65220), FB removal, cornea, with slit lamp (65222), Removal of corneal epithelium (65435), Multiple procedures anterior cornea (65600), Strabismic strabismus; epilation, by forceps (67820), Incision of conjunctiva, drainage of cyst (68020), Closure of lac. punctum by plug, each (68761-E), Perm., lac. duct plug, each (A4263), Dilatation of lacrimal punctum (M) (68801), Probing of nasolacrimal duct (M) (68810), Probing of lacrimal canaliculi (M) (68840), Other (RT/LT)



Co-Management

Table with columns: Description, Fee. Rows: Cataract Post-op, Referred By, Surgery Date, Date Assumed Care, # of days, LASIK co-manage

Modifiers

- 22 Unusual Procedural Services, -24 Unrelated E/M Service by same Physician during post-op period, -25 Significant, separately identifiable E&M service, same physician, same day as procedure or other service, -26 Professional Component, -50 Second (bilateral) procedure done at same time as first procedure (if procedure is considered monocular), -51 Multiple procedures on the same day, -52 Reduced services, -55 Post-op management only, -59 Distinct procedural service, -76 Repeat procedure by same Physician, -79 Unrelated procedure or service by same Physician during post-op period

Patient Agreement To Pay

Medicare Did patient sign Advance Beneficiary Notice (ABN)? Yes No
Private Insurance
I HEREBY AUTHORIZE PAYMENT OF BENEFITS FOR SERVICES DESCRIBED AS PER ASSIGNMENT DESIGNATION AND ASSUME RESPONSIBILITY FOR PROMPT PAYMENT OF CHARGES IN THE EVENT OF ANY OUTSTANDING BALANCE. I ALSO AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO PROCESS THIS INSURANCE CLAIM.
PATIENT SIGNATURE DATE

Dr. _____
Additional Notes: _____

TOTAL FEE \$ _____

INSTRUCTIONS TO STAFF

Frame	Needs/wants new glasses _____ No Rx change _____	Dispensing Codes (MA)	Dilation
	Use old frame _____ Adjust frame _____	Unifocal _____ 92340 _____	Dilating now _____ Not dilated _____
	Wants new frame V2020 _____	Bifocal _____ 92341 _____	Dilate _____ Cycloplege _____
Lifestyle	Computer Rx _____ Safety Rx _____ Streetwear _____	Multifocal (Trifocal) _____ 92342 _____	after frame selection _____ at Rx/CL dispense/follow-up _____
	Sports Glasses Rx _____ Sunglasses Rx _____	Repair/Adjust/Fitting _____ 9237_ _____	Dx Codes
Lenses	OD OS	Lens Replacement _____ 9234_ _____	Primary _____
Match base curve _____ Specify OC height _____		Frame Replacement _____ V2020 _____	Other _____
Polycarbonate _____		Temple Replacement _____ V2020 _____	Follow-up
High index _____		Contact Lenses	Schedule full exam _____ Schedule progress exam _____
CR-39 _____		Order CLs _____	Schedule Dilated Fundus Exam (DFE) _____
Scratch resist _____ V2760 _____		Exchange Purchase _____	Schedule Visual Fields _____ Schedule Tonometry _____
Anti-reflective (AR) _____ V2750 _____		Trials _____	Schedule full dispense _____ Schedule CL check _____
Tint - Gradient/Solid _____ V2745 _____		Multi-packs _____	Refer to Dr. _____
UV blocker _____ V2755 _____		Conventional (Annual) _____ V2520 _____	TODAY _____
Transitions/PGX _____ V2744 _____		RPGs _____ V2510 _____	within _____ Da _____ Wk _____ Mo _____
Prism _____ V2715 _____		Extended Wear _____ V2523 _____	See doctor before leaving _____ Return record to Dr. _____
Oversize _____ V2780 _____		Bifocal _____ V2521 _____	Patient return to this office in _____ Da _____ Wk _____ Mo _____ Yr _____
Bifocal		Toric _____ V2521 _____	
Progressives _____ V2781 _____		Solutions _____	
Conventional bifocal V _____			
Trifocal V _____			

Contact lens Rx _____	Glasses Rx _____
OD _____	OD _____
OS _____	OS _____

Diagnosis Codes - ICD-9 CM

<p>Other _____ 371.20</p> <p>918.1 Abrasion, Cornea _____ 371.23</p> <p>918.2 Abrasion, Conjunctiva _____ 371.24</p> <p>367.51 Accommodative Insufficiency (Paresis of Accommodation) _____ 370.64</p> <p>368.01 Amblyopia, Strabismic _____ 370.61</p> <p>368.03 Amblyopia, Refractive _____ 370.61</p> <p>379.41 Anisocoria _____ 370.62</p> <p>379.31 Aphakia _____ RT _____ LT _____ 370.63</p> <p>379.22 Asteroid Hyalitis _____ 370.63</p> <p>368.13 Asthenopia/Photophobia _____ 375.52</p> <p>362.13 Atherosclerotic retinopathy _____</p> <p>921.0 Black Eye _____</p> <p>373.00 Blepharitis, Unspecified _____</p> <p>374.34 Blepharochalasis _____</p> <p>333.81 Blepharospasm _____</p> <p>372.20 Blepharconjunctivitis, Unspecified _____</p> <p>369.____ Blindness _____</p> <p>366.15 Cataract, Cortical _____ RT _____ LT _____</p> <p>366.41 Cataract, Diabetic _____ RT _____ LT _____</p> <p>Use first code Diabetes 250._____</p> <p>366.16 Cataract Nuclear _____ RT _____ LT _____</p> <p>366.14 Cataract, PSC _____ RT _____ LT _____</p> <p>366.10 Cataract, Senile _____ RT _____ LT _____</p> <p>366.20 Cataract, Traumatic _____ RT _____ LT _____</p> <p>362.41 Central Serous Retinopathy _____</p> <p>373.2 Chalazion (Meibomian Cyst) _____</p> <p>363.30 Chorioretinal Scar _____</p> <p>224.6 Choroidal Nevus _____</p> <p>368.5_ Color Vision Deficiency _____</p> <p>372.75 Conjunctival Cyst _____</p> <p>372.00 Conjunctivitis, Acute Unspecified _____</p> <p>372.02 Conjunctivitis, Acute Follicular _____</p> <p>372.05 Conjunctivitis, Acute Allergic (Atopic) _____</p> <p>372.10 Conjunctivitis, Chronic _____</p> <p>372.14 Conjunctivitis, Chronic Allergic (GPC) _____</p> <p>077.3 Conjunctivitis, Viral, Acute Adenoviral Follicular _____</p> <p>077.1 Conjunctivitis, Viral, EKC _____</p> <p>921.9 Contusion of Eye, Unspecified _____</p> <p>378.84 Convergence Excess _____</p> <p>378.83 Convergence Insufficiency _____</p> <p>371.42 Corneal Erosion, Recurrent _____</p> <p>371.48 Corneal Degeneration, Marginal _____</p> <p>371.82 Corneal Disorder, Due to Contact Lens _____</p> <p>371.50 Corneal Dystrophy, Unspecified _____</p> <p>371.57 Corneal Dystrophy, Endothelial, Guttata _____</p>	<p>371.20 Corneal Edema, Unspecified _____</p> <p>371.23 Corneal Edema, Bullous _____</p> <p>371.24 Corneal Edema, Contact Lens Induced _____</p> <p>370.64 Corneal Ghost Vessels _____</p> <p>370.61 Corneal Neovascularization _____</p> <p>371.02 Corneal Opacity, Peripheral _____</p> <p>371.03 Corneal Opacity, Central _____</p> <p>370.62 Corneal Pannus _____</p> <p>370.61 Corneal Ulcer, Marginal _____</p> <p>370.63 Corneal Ulcer, Central _____</p> <p>370.63 Corneal Macular Edema _____</p> <p>375.52 Dacryocystitis, Acute _____</p> <p>DIABETES</p> <p>V80.2 Special Screening for Eye Disease _____</p> <p>250.____ Diabetes, no evidence of Diabetic Retin. _____</p> <p>250.5_ Diabetes, evidence of Diabetic Retinopathy _____</p> <p>362.01 Diabetic Retinopathy, Proliferative _____</p> <p><i>First digit:</i></p> <p>0 no systemic complications 5 Ophthalmic manifestations</p> <p>4 Renal manifestations 9 Unspecified complication</p> <p><i>Second digit:</i></p> <p>0 type 2 NIDDM controlled 2 type 2 NIDDM uncontrolled</p> <p>1 type 1 IDDM controlled 3 type 1 IDDM uncontrolled</p> <p>362.01 Background DR _____</p> <p>362.02 Proliferative DR _____</p> <p>362.03 Nonproliferative DR, NOS _____</p> <p>362.04 Mild Nonproliferative DR _____</p> <p>362.05 Mod Nonproliferative DR _____</p> <p>362.06 Severe Nonproliferative DR _____</p> <p>362.07 Diabetic Macular Edema _____</p> <p>368.2 Diplopia _____</p> <p>780.4 Dizziness _____</p> <p>375.15 Dry Eye Syndrome _____</p> <p>374.11 Ectropion, Senile _____</p> <p>374.01 Entropion, Senile _____</p> <p>375.22 Epiphora, due to insufficient drainage _____</p> <p>379.00 Episcleritis, Unspecified _____</p> <p>378.00 Esotropia, Unspecified _____</p> <p>378.35 Esotropia, Accommodative _____</p> <p>378.10 Exotropia _____</p> <p>376.31 Exophthalmos _____</p> <p>373.32 Eyelid Allergic/Contact Dermatitis _____</p> <p>374.87 Eyelid Dermatochalasis _____</p> <p>374.51 Eyelid Xanthelasma _____</p> <p>930.0 Foreign Body, Corneal _____</p> <p>930.1 Foreign Body, Conjunctival _____</p> <p>GLAUCOMA SUSPECT</p> <p>V80.1 Special Screening for Glaucoma _____</p> <p>365.01 Glaucoma, Open Angle with Borderline Findings, Borderline IOP, Cupping of Discs _____</p> <p>365.02 Anatomical Narrow Angle _____</p>	<p>365.04 Ocular Hypertension _____</p> <p>366.11 Pseudoexfoliation of Capsule _____</p> <p>GLAUCOMA DIAGNOSED</p> <p>366.01 Glaucoma, Open Angle Unspecified _____</p> <p>365.01 Glaucoma, Primary Open Angle _____</p> <p>365.12 Glaucoma, Low Tension _____</p> <p>365.13 Glaucoma Pigmentary _____</p> <p>365.22 Glaucoma, Acute Angle Closure _____</p> <p>365.21 Glaucoma, Angle Closure Intermittent _____</p> <p>365.52 Glaucoma, Pseudoexfoliation _____</p> <p>Use first code 366.11, Pseudoexfoliation of Capsule</p> <p>377.14 Glaucomatous Cupping _____</p> <p>784.0 Headache _____</p> <p>362.81 Hemorrhage, Retinal _____</p> <p>379.23 Hemorrhage, Vitreal _____</p> <p>054.43 Herpes Simplex, Keratitis _____</p> <p>053.20 Herpes Zoster, Ophthalmicus _____</p> <p>401.9 Hypertension, Essential (Systemic) _____</p> <p>362.11 Hypertensive Retinopathy _____</p> <p>364.41 HypHEMA _____</p> <p>364.05 Hypopyon _____</p> <p>373.11 Hordeolum, External (Sty) _____</p> <p>373.12 Hordeolum, Internal (Meibomian Gland Infect.) _____</p> <p>918.0 Injury, Superficial, Eyelids & Adnexa _____</p> <p>364.00 Iridocyclitis, Acute _____</p> <p>364.02 Iridocyclitis, Recurrent _____</p> <p>364.10 Iridocyclitis, Chronic _____</p> <p>370.24 Keratitis, Photo Keratitis (Welder's Flash) _____</p> <p>370.21 Keratitis, Punctate _____</p> <p>370.23 Keratitis, Filamentary _____</p> <p>370.40 Keratoconjunctivitis, Unspecified _____</p> <p>371.60 Keratoconjunctivitis _____</p> <p>375.51 Lacrimal Punctum Eversion _____</p> <p>375.52 Lacrimal Punctal Stenosis _____</p> <p>362.57 Macular Drusen _____</p> <p>362.51 Macular Degeneration, Non-Exudative (Dry) _____</p> <p>362.52 Macular Degeneration, Exudative (Wet) _____</p> <p>362.53 Macular Degeneration, Cystoid (CME) _____</p> <p>362.54 Macular Cyst / Hole _____</p> <p>362.56 Macular Puckering / Pre-retinal Fibrosis _____</p> <p>346.00 Migraine, Classic, With Aura, No Headache _____</p> <p>346.01 Migraine, Classic, With Aura, With Headache _____</p> <p>379.50 Nystagmus, Unspecified _____</p> <p>377.10 Optic Atrophy _____</p> <p>377.21 Optic Disc Drusen _____</p> <p>377.30 Optic Neuritis _____</p>	<p>379.91 Pain, Eye / Adnexa _____</p> <p>377.00 Papedema, Unspecified _____</p> <p>368.13 Photophobia, Asthenopia, Eye Strain _____</p> <p>368.15 Photopsia _____</p> <p>364.53 Pigment Dispersion syndrome _____</p> <p>372.51 Pinguecula _____</p> <p>366.53 Posterior Capsule Clouding (After-cataract) Obscuring Vision _____</p> <p>366.52 Posterior Capsule Clouding (After-cataract) Not Obscuring Vision _____</p> <p>377.24 Pseudopapilledema, _____</p> <p>V43.1 Pseudophakia _____ RT _____ LT _____</p> <p>372.40 Pterygium _____</p> <p>374.30 Ptosis, Unspecified _____</p> <p>362.63 Retinal Degeneration, Peripheral, Lattice _____</p> <p>361.00 Retinal Detachment, Unspecified _____</p> <p>361.31 Retinal Hole, Without Detachment _____</p> <p>361.32 Retinal Horseshoe Tear, Without Detachment _____</p> <p>362.32 Retinal Vascular Occlusion, Branch Artery _____</p> <p>362.31 Retinal Vascular Occlusion, Central Artery _____</p> <p>362.36 Retinal Vascular Occlusion, Branch Vein _____</p> <p>362.35 Retinal Vascular Occlusion, Central Vein _____</p> <p>361.10 Retinoschisis _____</p> <p>710.2 Sicca Syndrome, Keratoconjunctivitis Sicca, Sjogren's Syndrome _____</p> <p>372.72 Subconjunctival Hemorrhage _____</p> <p>364.72 Synechiae - Anterior _____</p> <p>364.71 Synechiae - Posterior _____</p> <p>374.05 Trichiasis Without Entropion _____</p> <p>368.11 Vision Loss, sudden _____</p> <p>368.41 Visual Field Defect, Central/Paracentral _____</p> <p>368.43 Visual Field Defect, Arcuate _____</p> <p>368.44 Visual Field Defect, Nasal Step _____</p> <p>368.47 Visual Field Defect, Hemianopic _____</p> <p>379.21 Vitreous Detachment (PVD) _____</p> <p>379.24 Vitreous Floaters _____</p> <p>V80.2 PLUS: Ocular Rule-Out</p> <p>695.4 Lupus (Plaqueenil) _____</p> <p>714.0 Rheumatoid Arthritis _____</p> <p>716.9 Arthritis (Plaqueenil) _____</p> <p>REFRACTIVE STATUS</p> <p>V65.5 Worried But Well _____</p> <p>367.2_ Astigmatism _____</p> <p>367.0 Hyperopia _____</p> <p>367.1 Myopia _____ 888-867-3025</p> <p>367.4 Presbyopia _____ Item EX 1005</p>
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