

# Greenberg Laser Eye Center Established Patient Update Form

Please fill in all of the information below for the patient being seen today.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_ S \_\_ M \_\_ D \_\_ W Name Change: \_\_ Y \_\_ N

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Cell  Home

Cell  Home

Email: \_\_\_\_\_ (We do not share your information)

\*Emergency Contact Name: \_\_\_\_\_

\*Emergency Contact Phone: \_\_\_\_\_ (Cannot be the same as above numbers)

\*Relationship to Patient: \_\_\_\_\_

\*I authorize Greenberg Laser Eye Center to release my records and any information to the above individual  
\_\_\_\_ YES \_\_\_\_ NO

Family Doctor: \_\_\_\_\_ City: \_\_\_\_\_  
First Last

Rheumatologist: \_\_\_\_\_ Endocrinologist: \_\_\_\_\_

Neurologist: \_\_\_\_\_ Cardiologist: \_\_\_\_\_

**Medical Insurance:** \_\_ Aetna \_\_ BCBS \_\_ BCN \_\_ CIGNA \_\_ Cofinity \_\_ HAP HMO \_\_ HAP Preferred \_\_ Medicare  
\_\_ Medicare Plus Blue \_\_ Priority Health \_\_ Total Healthcare \_\_ Total Healthcare HMO \_\_ UMR  
\_\_ United Healthcare Other: \_\_\_\_\_

Primary Subscriber Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**Vision Insurance:** \_\_ BCV \_\_ DAVIS \_\_ Eyemed \_\_ NVA \_\_ Optum Health \_\_ UMR \_\_ VSP

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

Primary Subscriber Name: \_\_\_\_\_ \*Last 4 digits of  
SS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ (if under 18 parent or legal guardian)

# Greenberg Laser Eye Center

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Fax (248) 649 1444

## MEDICAL VS. VISION CARE EYE EXAM

### What You Need To Know Before Your Exam

Many patients have a vision care eye exam benefit as part of their health insurance or with a separate vision care plan such as VSP, Davis Vision, or Eyemed. When you have medical and vision care coverage, which plan should be billed for your visit?

Your **medical insurance** is billed if a medical condition is discovered during your examination. Medical care would address conditions such as:

- Evaluation of an ocular disease you have been diagnosed with (e.g., glaucoma, cataract, corneal, or retinal disease)
- A complaint such as redness, tearing, burning, or other pain or discomfort to the eyes
- A history of or new onset of floaters, flashes of light, or other visual disturbance
- To follow an existing chronic condition such as diabetes, corneal disease, dry eye syndrome, an autoimmune disease, or if you take a high risk medications like Plaquenil
- If you are scheduled for additional testing such as visual field, OCT, or retinal photography
- If your visit requires a report to your primary care physician

Your **vision care plan** is used to cover your refraction (measurements taken to formulate your prescription) and glasses or contact lens prescription and is billed on its own if you have none of the above findings or complaints. These definitions are based on the guidelines set by your insurance company and vision care plans. Due to insurance regulations, Greenberg Laser Eye Center must bill the appropriate insurance based on the patient's diagnosis.

Name \_\_\_\_\_ Date \_\_\_\_\_