

Medical Eye Exam vs. Routine Eye Exam

An office visit may be billed as a “routine” or “medical” visit depending on your reason for being seen, tests and/or procedures performed during your visit, and any medical conditions the doctor is following.

If I check any of the boxes below, I understand that today’s exam may be coded as “Medical”:

- I am scheduled to have a special test performed today. Examples of these include: Visual Field, OCT, Sensorimotor Exam, A-Scan, Topography, Photos, etc.
- I am scheduled to have a procedure performed today, such as an injection, or removal of a foreign body, stye, or eyelid lesion, etc.
- I was referred to you by another health care provider for management of a particular problem.

I want to talk with the doctor about an **eye problem** that I have, such as:

- | | | |
|---|---|---|
| <input type="checkbox"/> cataract | <input type="checkbox"/> glaucoma | <input type="checkbox"/> macular degeneration |
| <input type="checkbox"/> lazy eye | <input type="checkbox"/> keratoconus | <input type="checkbox"/> double vision |
| <input type="checkbox"/> wandering eye | <input type="checkbox"/> crossing eye | <input type="checkbox"/> diabetic eye disease |
| <input type="checkbox"/> bump on lid | <input type="checkbox"/> droopy eyelid(s) | <input type="checkbox"/> juvenile arthritis |
| <input type="checkbox"/> abnormal pupil size or shape | <input type="checkbox"/> other _____ | |

I want to talk with the doctor about **symptoms** I have, such as:

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> dryness | <input type="checkbox"/> eye pain | <input type="checkbox"/> red/pink eyes |
| <input type="checkbox"/> flashes/floaters | <input type="checkbox"/> glare | <input type="checkbox"/> loss of vision |
| <input type="checkbox"/> watering | <input type="checkbox"/> itching | <input type="checkbox"/> double vision |
| <input type="checkbox"/> excessive tearing | <input type="checkbox"/> headache | <input type="checkbox"/> other _____ |

If I did not check any boxes above, I understand that today’s exam may be coded “Routine”.

Patient’s Signature: _____ Date: _____

Office Use Only:

Today’s Exam will be coded as:

- Medical Routine Co-ordination of Benefits Doctor’s Initials: _____

8/16/21