

TRI-STATE OPHTHALMOLOGY ASSOC., PSC

JOHN C. GROSS, M.D.
CARTER H. GUSSLER, M.D.
JOSHUA L. DANIEL, O.D.
KIM EPLING, O.D.

2841 Lexington Ave.
Ashland, KY 41101
Phone (606) 324-2451

PATIENT INFORMATION

Patient: **DOB:**
Home Phone: **Gender:**
Mobile Phone: **Social Sec #:**
Address: **Email:**

Race: **Language:**
Ethnicity:

The patient is **year(s) years old**. If under 18 or a student, please complete additional information section.

EMERGENCY CONTACT INFORMATION

Name: **Home Phone:**
Address: **Mobile Phone:**
Relationship to Pt:

INSURANCE INFORMATION

Primary Insurance: **Subscriber:**
Group #: **Pt Relation to subscriber:**
Policy #:

Secondary Insurance: **Subscriber:**
Group #: **Pt Relation to subscriber:**
Policy #:

Please list any individuals who you authorize to discuss and/or pick up medical or financial records, or pick up prescriptions and/or samples of medications with Tri-State Ophthalmology:

Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____

I have reviewed my information to verify it is correct.

Patient signature

Date

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Authorization to submit charges

I request until further notice, that payment of benefits be made on my behalf to Tri-State Ophthalmology Associates for any services furnished to me. I also authorize the releas of any medical information necessary to process these charges.

Date _____ Signature _____

Medicare Eligible Patients

YES NO

____ ____ Do you or your spouse work and have insurance coverage through that job?
You ____ Spouse ____ Both ____
____ ____ **If YES, are there fewer than 20 employees?**

I request authorized "Medicare Supplement" benefits be made on my behalf for any services furnished to me. I aslo authorize the release of any medical information needed for determination of benefits.

Date _____ Signature _____

Notice of Non-Coverage

The "Refracton" is a measurement of the lens power necessary to prescribe glasses or other corrective lenses. The refraction may also be performed for diagnostic reasonis. For example: if your vision has changed, a refraction may be completed to see if the change is due to a medical reason. Most insurance companies (including Medicare) ***DO NOT*** pay for this service (Refraction) and it is a separate charge from the office visit.

By your signature below, you are agreeing to have the refraction performed, if needed, and you are agreeing to pay the \$25.00 refraction fee when you check out.

Date _____ Signature _____

Notice of Privacy Practices

I have been presented with a copy of the Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under the federal and state laws, and outlining my rights regarding my health information.

Date _____ Signature _____

Relationship if not signed by patient _____

I wish to place the following restrictions on disclosure of my health information:

Acknowledgement of Non-Participation with Insurance Carrier

I have been informed that Tri-State Ophthalmology Associates and its physicians are not contracted with ANY vision plans and these plans include: VSP, March Vision, EyeMed and Block Vision.

I have also been informed that they are not contracted with the following medical plans: Coventry Cares, Anthem Medicare Advantage, Anthem Medicaid, Carelink, Unicare, Passport Health, Avesis through Coventry Cares of Kentucky, and Unicare. If Medicare is primary, I understand I will be responsible for the Medicare deductible and coinsurance amounts.

Date _____ Signature _____

MEDICAL vs. VISION EXAM

Insurance coverage for eye exams varies. Some plans only cover "routine vision" exams, other plans will not pay for your exam unless you have a "medical" eye condition.

Vision Exam: These are routine examination for people who do not have eye disease or symptoms of disease. Your eyes will be examined for any needed correction (glasses or contact lenses) or any potential indicators of eye disease. If your Doctor finds anything abnormal during your vision exam, further testing of a medical nature may be needed at another visit. In that case, your medical insurance would be billed.
WE DO NOT BILL VISION PLANS!!!

Medical Exam: This is a medically necessary comprehensive examination for the diagnosis and treatment of disease and conditions of the eye or medical conditions that can affect the eyes. This exam evaluates the reasons for the symptoms and assesses any treatment needed. Some conditions evaluated with an medical eye exam include: cataracts, glaucoma, diabetic retinopathy, macular degeneration, and many other potentially sight-threatening diseases.

Date _____ Signature _____

TRI-STATE OPHTHALMOLOGY
2841 Lexington Avenue
Ashland, KY 41101
Phone (606) 324-2451 | Fax (606) 324-7123
DR. JOHN GROSS, M.D. & DR. CARTER GUSSLER, M.D.

PLEASE, bring completed form with you on the day of your scheduled appointment.

Name: _____ Date of Birth: _____

Pharmacy: _____ Pharmacy Location: _____

Primary Care Physician: _____

ALLERGIES (Please include any food or medication allergies and the associated reaction. e.g. PCN-hives) _____

LIST ALL CURRENT MEDICATIONS

<u>Name of Medication</u> (Example: Apirin)	<u>Dose</u> (Example: 81mg chewable)	<u>How often you take</u> (Example: 1 tablet once a day)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

**Use the back of this page if necessary.*

Thank you!

TRI-STATE OPHTHALMOLOGY

Dr. John Gross & Dr. Carter Gussler

Patient Name: _____

DOB: _____

Survey Date: _____

Operating Physician: _____

Pre-Cataract Surgery - Visual Functioning Index (VF-8R) Patient Questionnaire

Do you have difficulty ***EVEN WITH GLASSES*** with the following activities?

1	Reading small print such as labels on medicine bottles, a telephone book or food labels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No(4)	<input type="checkbox"/> Not applicable	
	if yes, how much difficulty do you currently have?	<input type="checkbox"/> A little(3)	<input type="checkbox"/> A moderate amount(2)	<input type="checkbox"/> A great deal(1)	<input type="checkbox"/> Unable to do the activity(1)
2	Reading a newspaper or book?	<input type="checkbox"/> Yes	<input type="checkbox"/> No(4)	<input type="checkbox"/> Not applicable	
	if yes, how much difficulty do you currently have?	<input type="checkbox"/> A little(3)	<input type="checkbox"/> A moderate amount(2)	<input type="checkbox"/> A great deal(1)	<input type="checkbox"/> Unable to do the activity(1)
3	Seeing steps, stairs or curbs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No(4)	<input type="checkbox"/> Not applicable	
	if yes, how much difficulty do you currently have?	<input type="checkbox"/> A little(3)	<input type="checkbox"/> A moderate amount(2)	<input type="checkbox"/> A great deal(1)	<input type="checkbox"/> Unable to do the activity(1)
4	Reading traffic signs, street signs or store signs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
	if yes, how much difficulty do you currently have?	<input type="checkbox"/> A little(3)	<input type="checkbox"/> A moderate amount(2)	<input type="checkbox"/> A great deal	<input type="checkbox"/> Unable to do the activity
5	Doing fine handwork like sewing, knitting, crocheting or carpentry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
	if yes, how much difficulty do you currently have?	<input type="checkbox"/> A little(3)	<input type="checkbox"/> A moderate amount(2)	<input type="checkbox"/> A great deal(1)	<input type="checkbox"/> Unable to do the activity(1)
6	Writing checks or filling out forms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No(4)	<input type="checkbox"/> Not applicable	
	if yes, how much difficulty do you currently have?	<input type="checkbox"/> A little(3)	<input type="checkbox"/> A moderate amount(2)	<input type="checkbox"/> A great deal(1)	<input type="checkbox"/> Unable to do the activity(1)
7	Playing games such as Bingo, Dominos or card games?	<input type="checkbox"/> Yes	<input type="checkbox"/> No(4)	<input type="checkbox"/> Not applicable	
	if yes, how much difficulty do you currently have?	<input type="checkbox"/> A little(3)	<input type="checkbox"/> A moderate amount(2)	<input type="checkbox"/> A great deal(1)	<input type="checkbox"/> Unable to do the activity(1)
8	Watching television?	<input type="checkbox"/> Yes	<input type="checkbox"/> No(4)	<input type="checkbox"/> Not applicable	
	if yes, how much difficulty do you currently have?	<input type="checkbox"/> A little(3)	<input type="checkbox"/> A moderate amount(2)	<input type="checkbox"/> A great deal(1)	<input type="checkbox"/> Unable to do the activity(1)

SCORE: _____

Tri-State Ophthalmology

Dr. John Gross & Dr. Carter Gussler

Patient Name: _____ Date: _____

Date of Birth: _____ Operating Physician: _____

QUALITY OF VISION CHECKLIST

We Strive to provide the best quality care and customized vision solutions for our patients. This checklist will assist us in providing the treatment best suited for your visual needs and lifestyle.

Please complete this form and return to the technician when you are called back for your examination. If you have any questions, please let us know and we will be happy to assist you.

1. What are your favorite hobbies? _____

2. If you work, what are some of your daily work- related tasks? _____

3. Do you wear glasses?

YES NO

If YES, for which activities do you need your glasses?

Near tasks Distance tasks All Tasks

4. How important would it be for you to be free from glasses for your daily activities?

Very important Moderately important Not important

5. Are you willing to pay an out-of-pocket charge if it means you could be less dependent on glasses?

YES NO

6. How would you describe your personality?

Easy Going Perfectionist In-between