

Houston Ophthalmology Associates

Asad Abbas, MD., PA.

DATE _____ MRN _____ Who is your Primary Physician? _____

We need information about the patient. Please fill in all blanks and print clearly. Thank you.

Last Name	First Name	MI
Preferred Nick Name	Maiden Name	
Social Security Number	Date of Birth	<input type="radio"/> Male <input type="radio"/> Female
Mailing Address		
City	State	Zip
Home Phone	Work Phone	

By entering my **EMAIL ADDRESS** below, I agree to allow Houston Ophthalmology Associates to contact me through email, for all personal communications, including appointment reminders.

By entering my **CELL PHONE** below, I agree to allow Houston Ophthalmology Associates to contact me through text messaging, for all personal communications, including appointment reminders.

Circle one answer in each section.

Race	American Indian	Asian	Black	Hispanic	Latino	More than 1	Other	White
Language	Arabic	English	German	Italian	Japanese	Spanish	Urdu	Vietnamese
Marital Status	Annulled	Divorced	Separated	Life Partner	Married	Polygamous	Singled	Widowed
Student Status	Full Time	Not a student	Part Time					
Veteran	YES	NO	Smoker	YES	NO	Diabetic	YES	NO

Employer Information

Employer Name	Contact	
Mailing Address	Title	
City	State	Zip
Office Phone	Office Email	
Occupation	Employment Status: Full Part Not Active Military Retired	

In case of an emergency – must be completed

If the patient is a minor child, have the parent or guardian fill in below:

Last Name	First Name	
Social Security number only needed for this person if patient is a minor child. If patient is a minor child, this person will be responsible for the bill.		
Social Security Number	Date of Birth	<input type="radio"/> Male <input type="radio"/> Female
Mailing address (if different from patient)		
City	State	Zip
Home Phone	Cell Phone	
Work Phone	Email	

Patient Signature or Parent/Guardian

Date

Please continue to next page....

Houston Ophthalmology Associates

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Dear Patients, Let us help you understand several things about today's visit...
Please Initial Next to each line to verify that you have read and understand the following:

Insurance Information (each insurance is different)

Medical Plans	We will use your medical insurance to file claims if the doctor performs an eye exam to study the health of your eye ball and for any other medical reason.
	You may be seeking treatment for glaucoma, cataracts, macular degeneration, diabetic check-up or a number of other eye issues. All of these are considered medical treatments and will be filed on your medical insurance.
Vision Plans	Generally, a vision plan covers the cost of a basic eye exam to obtain a prescription for vision wear, such as glasses or contacts, or to buy the products directly.
	If you are planning to use only your vision plan while visiting us, and the doctor finds anything medically wrong we will present the option to you and let you decide if you want to be treated today or come back on another day so that you may use your medical insurance. The insurance companies do not allow for these two types of insurance to be used on the same day.

I, _____ understand the difference between Medical and Vision Plan insurances. The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize The Houston Ophthalmology Associates of Asad Abbas, MD., PA. or insurance company to release any information required to process my claims.

The best medical care can be provided only on the basis of mutual understanding. We encourage you to discuss any questions you may have regarding our policies with our manager.

REFRACTION POLICY

Payment for routine eye examinations and refractions are expected at time of service. *When a medical problem is discovered your medical insurance will be billed.* Refraction is the process of determining the eye's refractive error, or need for corrective spectacle and/or contact lenses. It is an essential part of an eye examination, but it is **NOT** a covered service by Medicare or most insurance regardless of the reason for the test being performed.

INSURANCE POLICY

We participate in Medicare and a variety of insurance plans and will direct bill your insurance for medical services under these plans of which we have an agreement. In this circumstance you are responsible for applicable deductibles, co-payments, and refractions. We cannot be responsible for negotiating claims with insurance companies. Services not covered by your insurance company are your responsibility regardless of the status of the claim.

DISCLOSURE of RELATIONSHIP WITH NON-PARTICIPATING SURGERY CENTER

Altus Healthcare Management Services, Oprex Surgery Center, Located in the Dow Medical Complex I, Asad Abbas, MD., as a referring physician disclose with this statement that I have a financial relationship with the non-participating medical facility. The term Financial Relationship has the meaning stated in 42 CFR Section 411.354 but applied to all referred to facility, physicians and providers. I will tell you what the financial relationship is, if you ask.

PRIOR AUTHORIZATION

Most HMO plans require you to obtain authorization for your visit from your primary care physician. It is your responsibility to obtain this authorization. This authorization is required by your insurance company **before** you visit our office, even when the visit is for an urgent problem.

Please continue to next page....

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FORMS OF PAYMENT

For Your convenience, we accept cash, check, and credit cards (mastercard, Visa, Discover and American express). We also accept CareCredit. If you are struggling with how to pay your large deductible, co-pay or co-insurance, ask to speak to the manager about payment arrangements. We offer many different payment options to help the common person be able to afford quality care.

PAYMENT PLANS

We offer an extended payment plan with prior credit approval, by providing a credit card or personal checking account (debt card) with authorization to charge that amount for the balance due or arranged monthly payment amount until paid in full. A small application fee may apply.

ACKNOWLEDGEMENT

I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service. The co-pay is separate from and not included in the refraction fee. The fee for this service is currently \$30.00 per prescription.

I have read or have had read to me, and understand and accept Dr. Asad Abbas' payment policies.

Patient/Guardian signature

Date

Example of how deductibles work:

Traditional Medicare Patient must pay the first \$140.00 of medical care each year. After the deductible is met, the patient will pay 20% of each expense billed to Medicare and Medicare will pay 80% of the allowed amount.

Aetna/BCBS/Cigna and many other insurances:

Each company that has a contract with a commercial insurance company sets the deductibles at different amounts. For example:

Your Aetna Insurance deductible is \$1500.00 You must pay the first \$1500.00 in medical expenses each year before Aetna will pay anything. After the \$1500.00 has been met, then Aetna may have a 80/20% or 90/10% split with you.

Your part will be the 20% or the 10%, this is called CO-INSURANCE.

Or you may have a Co-pay pre-set with your insurance company to cover the Co-Insurance part of your bill.

We will check on how much your deductible is, how much has been met, and will charge you at the check-out window the amount we have compiled by how much the doctor charges, vs how much deductible is outstanding.

Some companies may allow for your co-pays to be put towards your deductible as well. We will discover this when your insurance is verified. Every company is different, every contract is different. Everyone's insurance is different. Please allow us the time to verify your insurance in a timely manner so that we may bill you correctly.