EyeScreen Photographic Examination

The doctors at Park Eye Center are pleased to provide their patients with an advanced digital retinal exam called EyeScreen. EyeScreen is a high resolution screening photograph of your retina which will help us document, review, and compare your retina over time. We will use the EyeScreen Exam to document your retinal image for our charts, screen for eye diseases and improve our ability to view your internal retinal health at a much higher resolution than a slit lamp or ophthalmoscope.

The doctors at Park Eye Center are concerned about retinal problems such as macular degeneration, glaucoma, retinal holes, detachments and diabetic retinopathy (all of which can lead to partial loss of vision or blindness). Additionally, many symptoms of systemic diseases such as diabetes, the effects of high blood pressure and other diseases can be detected with the EyeScreen Examination.

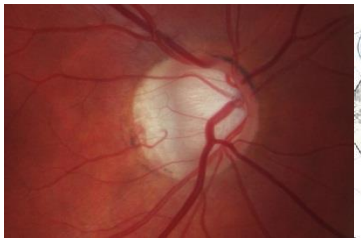
You can expect from this exam:

- An annual eye wellness EyeScreen photograph
- An in depth view of the retinal surface (where eye diseases first manifest)
- The ability to review the images with you (we will show you your retina)
- A permanent record for your medical file, for serial analysis, comparisons and diagnosis
- To be fast, easy and comfortable

Since insurance will not pay for the EyeScreen Exam or any retinal image unless eye disease is present, the EyeScreen Examination is an out-of-pocket expense.

Drs. Miller, Bose and Schwartz recommend this procedure for all of their patients and will perform the EyeScreen Exam at an additional cost of **$45.00**. **Please see the form on the back of this sheet and select whether or not you would like to participate, then sign and date.**

Thank you.



18 North 3rd Avenue
Highland Park, New Jersey 08904
Tel: 732.993.1111 Fax: 732.993.1167
www.parkeyecenter.com

Park Eye CENTER

Patient's Name: Medicare # (HICN):

ADVANCE BENEFICIARY NOTICE (ABN)

NOTE: You need to make a choice about receiving these health care items or services.

We expect that Medicare will not pay for the item(s) or service(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor recommended it. Right now, in your case, **Medicare probably will not pay for –**

Items or Services:
EyeScreen Retinal Imaging
Because:
Screening Services are not covered by Medicare

The purpose of this form is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you might have to pay for them yourself.

Before you make a decision about your options, you should

- Ask us to explain, if you don't understand why Medicare probably won't pay. **Read this entire notice carefully.**
- Ask us how much these items or services will cost you (**Estimated Cost: $45.00**), in case you have to pay for them yourself or through other insurance.

PLEASE CHOOSE **ONE** OPTION. CHECK **ONE** BOX. **SIGN & DATE** YOUR CHOICE.

Option 1 - YES ☐ I want to receive these items or services.

I understand that Medicare will not decide whether to pay unless I receive these items or services. Please submit my claim to Medicare. I understand that you may bill me for items or services and that I may have to pay the bill while Medicare is making its decision.

If Medicare does pay, you will refund to me any payments I made to you that are due to me.

If Medicare denies payment, I agree to be personally and fully responsible for payment.

That is, I will pay personally, either out of pocket or through any other insurance that I have.

I understand I can appeal Medicare's decision.

Option 2 - NO ☐ I have decided not to receive these items or services.

I will not receive these items or services. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay.

Date **Signature of patient or person acting on patient's behalf**

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.

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