

# Welcome to MacKay Vision Center

Please circle one: Mr. Mrs. Ms. Dr.

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

Marital Status: Married Single Widowed Date of Birth: \_\_\_\_\_

Parent's Name (If patient is under 18): \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Vision Plan: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_

Family Physician: \_\_\_\_\_

How long since last eye exam: \_\_\_\_\_ Where: \_\_\_\_\_

**What is the main reason for your visit today :** \_\_\_\_\_

## **HEALTH HISTORY:** *please circle any conditions that apply*

Is there any Family History of the following: Glaucoma Blindness Turned or Lazy Eye  
Macular Degeneration Retinal Detachment

Have you ever had any of the following conditions involving your eyes?

Eye Surgery Floaters or Spots Flashing lights Eye Injury  
Eyes Burn, Itch or water Eye Infection Temporary loss of vision

Do You have or have you ever had any of the following:

Heart Condition Thyroid Condition Diabetes High Blood Pressure Glaucoma  
Skin Cancer Cancer of any type Asthma COPD

Please list all medications that you are taking: \_\_\_\_\_

Please list all medication allergies: \_\_\_\_\_

Do you currently or have you ever worn glasses? Yes No

Have you ever worn contact lenses? Yes No Are you interested in wearing contacts? Yes No

Are you a smoker? Yes No Have you ever been a smoker? Yes No

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## **About Your Insurance**

There are two types of health insurance that will help pay for your eye care services and optical products. You may have both types and MacKay Vision Center accepts insurance plans in both categories: 1) Vision plans (such as VSP) and 2) Medical insurance (such as Blue Cross/Blue Shield, Medicare, Aetna, Minuteman and others).

- Vision plans only cover routine vision wellness exams, along with eyeglasses and/or contact lenses. Vision plans do not cover medical eye care (the diagnosis, management or treatment of eye health problems, i.e. glaucoma, eye injuries, eye infections).
- Medical insurance must be used for medical eye care, i.e. Diabetic Eye Exams.
- If you have both types of insurance plans it may be necessary for us to bill some services to one plan and some services to the other. We will follow a procedure called coordination of benefits to do this properly and to minimize your out-of-pocket expense.
- If some fees are not paid by your insurance, we will bill you for them, such as deductibles, co-pays or non-covered services as allowed by the insurance contract.

By signing below, I authorize MacKay Vision Center, LLC to bill my insurance company for all services rendered to me (or my child). I understand that my insurance provider may pay less than the actual bill for services. I agree to be responsible for payment of all service fees allowable under the insurance contract, i.e. deductibles and co-pays.

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Patient signature (parent if patient is under 18)

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Date