

## **IMPORTANT ANNOUNCEMENT FROM ROBERTS EYECARE ASSOCIATES**

Roberts Eyecare Associates was the first in Upstate New York to provide our patients with the most highly advanced technology available in retinal screening. Our ability to view your retinal health is now dramatically improved with the Optomap.

Our doctors are concerned about retinal problems such as macular degeneration, glaucoma, retinal holes or detachments and diabetic retinopathy (all of which can lead to partial loss of vision or blindness). Additionally, diabetes, high blood pressure, and cardiovascular disease may be detected during a retinal exam.

### **EARLY DETECTION IS CRUCIAL !!**

Optomap provides:

- an annual eye wellness laser digital scan
- an in-depth view of the retinal layers (where disease may start)
- the ability to display your digital images today during your eye health examination
- a permanent digital record for your medical file, which provides our doctors comparisons for tracking and diagnosing potential eye diseases

Optomap:

- is fast, easy, comfortable and inexpensive
- uses the Panoramic200 retinal imaging system to provide an instant digital computer image of virtually your entire retina
- **Will NOT require dilating drops (which result in blurred vision, sensitivity to light and difficulty driving) unless the doctor feels it is necessary**

Because your insurance is designed only for a routine eye health exam, it does not yet cover advanced screening procedures, like the Optomap. The doctors at Roberts Eyecare Associates recommend ALL of their patients have a ROUTINE Optomap performed annually.

The additional fee for a **ROUTINE OPTOMAP is \$30 payable at time of service**. If the doctor is following an existing condition, an OPTOMAP PLUS may be performed – this may be billable to your major medical insurance for a fee of \$85 and you will be responsible for any co-pays, co-insurance or deductibles from your insurance company.

If you elect not to have this procedure, then we are limited in our ability to detect retinal pathology and cannot be held responsible if any are present. If you have any questions or concerns, please do not hesitate to ask any of our staff or doctors.

\_\_\_\_\_ I elect to have an Optomap of my retina

\_\_\_\_\_ I decline the Optomap, you are limiting our ability to accurately determine the health of your eyes

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**There are some insurance companies that do not cover or pay for this procedure during an office visit. Although our optometrists recommend that all patients have this procedure annually; they may also order this procedure to assist in diagnosing your symptoms. If you have a diagnosis that is not covered by your insurance company, you will be responsible for payment. Thank you.**