

**Auburn Westborough Eye Assc. Ultrawide vs Dilation Waiver
And Hipa Waiver**

To provide the highest level of care, our doctors strongly recommend that all patients have a thorough examination of their retina. We recommend all new patients have a baseline dilated exam either at the time of their exam or return to the clinic within 6 months of their initial exam to be routinely dilated. This appointment will be covered under the first exam. We recommend most individuals age 15+ be dilated every 2 years, and individuals over the age of 40 be dilated every year if indicated.

Our office is now pleased to offer the latest in cutting edge technology that provides a 200 degree high resolution image of the retina. We can view up to 90% of the entire retina without the eyes being dilated with the new ultrawide retinal camera. The retinal ultrawide photograph is \$39.00 and is NOT covered by insurance for routine eye care.

If pathology or a medical diagnosis is documented with this testing, the photographs will be billed to your medical insurance as part of your treatment plan and the \$39.00 out-of-pocket charge would be waived. If a medical diagnosis is found, you may be asked to have your eyes dilated either the same day or at a later day and the routine eye exam may become a medical exam.

Please Check One (with an x):

Yes, I elect to have the wide field photography done today for \$39.00 instead of having my eyes dilated.

I would like to have my eyes dilated today

I would like to come back another day to have my eyes dilated

No, I would not like to have my eyes dilated and I do not want to have the wide field retinal photography completed. I understand that a complete retinal exam will not be performed and potential retinal defects may go undetected.

Auburn Office Westboro Office

Name (Printed)

Date

Signature

NOTICE OF PRIVACY ACT, HIPPA

I acknowledge that I received or reviewed a copy of Auburn Westboro Eye Associates "NOTICE OF PRIVACY ACT, HIPPA" policy found posted at the office or on the website auburnwestboroeye.com

Signature _____ Date _____

