



**THE OHIO STATE UNIVERSITY**

WEXNER MEDICAL CENTER

Havener Eye Institute

915 Olentangy River Rd, 5th Floor  
Columbus, OH 43212  
Phone: 614-293-8116  
Fax: 614-293-5315  
www.eye.osu.edu

Please complete the enclosed forms and bring them with you to your first visit at our office. Enclosed please find directions and a map designed to help find your way to our office. Please note that co-payments and self pay balances are expected at the time of service. We accept cash, check, Visa and Mastercard.

Your physician is a specialty physician; please plan to spend 2-4 hours in the office. Your physician will spend as much time as needed with you. Emergency patients are common in our practice. As a result, you may experience a wait time. We will try to keep you apprised of any delays. We apologize in advance for any inconvenience to you this may be. If you are a diabetic or use oxygen, please prepare for the potentially long wait. Your understanding is greatly appreciated.

**Please Bring:**

- Any CT/MRI Scans (actual scan or report) performed recently or related to your visit
- A list of any doctors you are currently seeing

**Note also:** Specialized testing is often performed at the time of your visit.

Both of your eyes may be dilated for this examination. You may want to bring sunglasses and make arrangements to have someone drive you home from your appointment.

Please arrive for your appointment at \_\_\_\_\_ in order to complete the registration process. **Be sure to have your Photo ID (driver's license) and insurance card(s) available at registration** so that we may have a copy for your record.

Remember that your insurance policy is a contract between you and your insurance carrier. It is your responsibility to know the terms of your policy; for example the in-network providers, your co-pay and the referral process. Please make sure you obtain any referrals that may be necessary to fulfill the requirements of your policy.

Thank you for your cooperation. We look forward to seeing you!

Sincerely,

Havener Eye Institute

Enclosures

# Driving Directions to Eye and Ear Institute



## From the North (Sandusky, Delaware and Cleveland)

Take any major highway to I-270.  
Take I-270 west toward Dayton.  
Merge onto 315 south toward Columbus.  
Take the Goodale Street/Grandview Heights exit.  
Turn right onto Olentangy River Road.  
The Eye and Ear Institute will be on your left.

## From the South (Circleville, Chillicothe and Cincinnati)

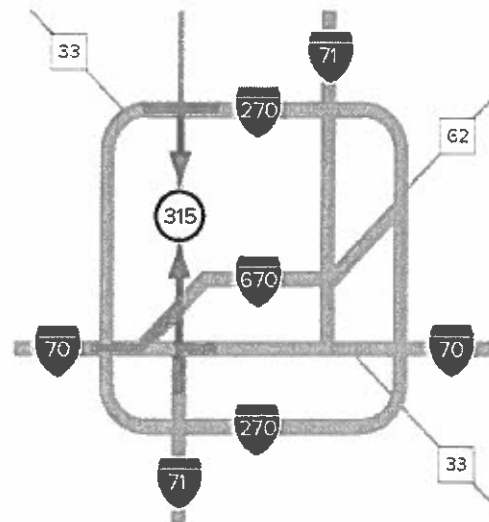
Take any major highway to I-71.  
Take I-71 to SR 315 north.  
Take Goodale Street/Grandview Heights exit.  
Turn right onto W. Goodale Street.  
Turn right onto Olentangy River Road.  
The Eye and Ear Institute will be on your left.

## From the East (Newark, Zanesville and Pittsburgh)

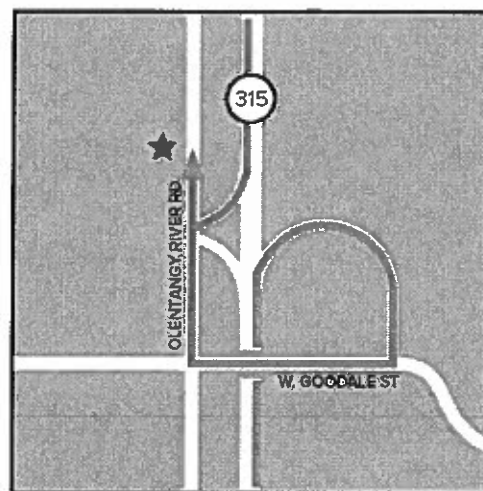
Take any major highway to I-70.  
Take I-70 west to SR 315 north.  
Take the Goodale Street/Grandview Heights exit.  
Turn right onto W. Goodale Street.  
Turn right onto Olentangy River Road.  
The Eye and Ear Institute will be on your left.

## From the West (Springfield, Dayton and Indianapolis)

Take any major highway to I-70.  
Take I-70 east to I-670 east.  
Take I-670 east to SR 315 north.  
Take the Goodale Street/Grandview Heights exit.  
Turn right onto W. Goodale Street.  
Turn right onto Olentangy River Road.  
The Eye and Ear Institute will be on your left.



North  
Not to Scale



### ★ Eye and Ear Institute

915 Olentangy River Rd  
Columbus, OH 43212  
614-293-8116

### For directions assistance call:

614-293-8000  
[medicalcenter.osu.edu](http://medicalcenter.osu.edu)



The Ohio State University Wexner Medical Center is committed to improving people's lives. That's why all Medical Center locations—inside and outside—are tobacco-free. This includes all tobacco products, including cigarettes, cigars, chewing tobacco and pipe smoking.

Mar 25, 2014

**WELCOME LETTER**  
**OSU Eye Physicians and Surgeons, LLC**

OSU Eye Physicians and Surgeons, LLC welcomes you to our practice. Our practice consists of a group of Ophthalmologists who specialize in Neuro-Ophthalmology, Glaucoma, Retinal, General and Corneal issues. We also offer Optometry Services. We believe in providing you with the finest patient care and seeing that all areas of concern are satisfied.

**We currently have the following locations for your convenience:**

OSU - Eye and Ear Institute  
915 Olentangy River Rd., 5<sup>th</sup> Floor  
Columbus, OH 43212  
(614) 293-8116

**\*All Specialties**

6435 Post Road  
Dublin, Ohio 43016  
(614) 293-8116

**\*Neuro Ophthalmology, General, Corneal & Refractive Surgery**

CarePoint East  
543 Taylor Ave  
Columbus, OH 43203  
614-688-6386

**\*Optometry services only**

**Appointments**

In an effort to provide the most efficient service to our patients we ask that if you need to reschedule or cancel an appointment, that you contact our office at least 24 hours in advance. If you miss an appointment without providing the required advanced notice, a rescheduled appointment cannot be guaranteed. If you are going to be late for your appointment, please call ahead so that we can provide you with the best advice as it relates to the current clinic schedule, it may be best to reschedule the appointment for you.

**Referrals and Consultations**

Please note: If your insurance carrier requires that a referral/authorization be obtained (this usually applies when the insurance is an HMO, POS based policy) you will need to contact your Primary Care Physician (PCP) and they will need to call the referral into your insurance carrier. If you are unsure if you need a referral/authorization, it is your responsibility to contact your insurance carrier.

**\*\*\*\*\*Ultimately, the patient is responsible for knowing whether our physicians are participating providers with your insurance. We do participate with most major insurance carriers; however, not all. Because insurance carriers are constantly merging and updating their provider base, we strongly recommend that you contact your carrier prior to your appointment to confirm that we are participating providers.**

If your insurance requires a referral for payment and on the day of the appointment you do not have the appropriate referral we have a few options:

1. You can pay in full for all services rendered.
2. We can reschedule the appointment to allow you to obtain the referral, so that your out of pocket costs are minimized.
3. We can attempt to contact your PCP's office to obtain the referral for you, however, this is not always successful for many reasons and we may still need to reschedule your appointment or collect for services rendered.

### **Patient billing**

In most all cases, a charge will be assessed for your services. Ultimately, the patient or minor's guarantor is responsible for payment of all charges incurred at the time of the visit. We offer several methods of payment: Cash, American Express, Discover, MasterCard & Visa as well as Check (a \$30 non-sufficient funds fee will be applied to all accounts for returned checks). It is our policy that patients without insurance, patients unable to provide proof of insurance or patients who are being seen as a result of an accident be prepared to pay in full at the time of your visit. Financial Assistance is available for qualified patients. If you feel that you qualify for assistance please contact the office for more information regarding the application process. If you do not qualify for assistance and if payment in full is not possible, we will collect a base fee of \$200 for a new patient visit and \$75 for an established patient visit. **Please understand these base fees are not payment in full.**

We also charge a fee of \$35.00 for your refraction (prescription given for glasses). This payment is expected at time of service and is not covered by most insurance carriers.

Additionally, if you have an outstanding balance this balance will also be collected at the time of your visit.

### **Please be sure to prepare in advance for all payments that are due on your account.**

If you have specific coverage questions, these can only be addressed by your insurance company. The telephone number to contact their customer service unit is located on most insurance cards.

In some cases, your services may result in charges from the Medical Center (a facility charge) as well as charges from the physician for their services. In these cases, you would receive two bills, one bill from your physician and one from the Medical Center. If you have insurance your insurance company would be billed and any remaining balance would then be billed to the patient or the guarantor. Please ask us if you have any questions about this.

We are here to assist you with any concerns you may have about your visit with us as well as any account concerns you may have. We recommend that you make us aware of any special medical or financial circumstances that you may have so that we can work together to resolve.

# ATTENTION PATIENTS!

If you have any of the insurances listed below, you must have the required paperwork at the time of service. If you do not have the appropriate authorization, our office may reschedule your appointment to allow you time to meet the obligations required by your insurance policy.

**BWC** (workers comp): You must bring a copy of a C9 (BWC form that indicates a request from another physician for us to see you) with you and/or the appropriate authorization from your managing physician. The C9 should also include authorization for any diagnostic testing or procedures that may be necessary.

**TRINITY BGS, MEDICARE COMPLETED, ANTHEM SENIOR ADVANTAGE OR MEDIGOLD:** You must have written approval from your insurance company to be seen. This approval is often referred to as an out-of-network referral or authorization. PLEASE NOTE: We also do not participate with any Medicare Advantage HMO plans.

**HMO INSURANCES:** You must have a referral from your Primary Care Physician in order for your visit to us to be covered by your insurance. Without the authorization, you will be required to pay for your visit in full at the time service or reschedule in order to allow time for you to obtain the appropriate authorization.

We are sorry for ANY inconvenience but your insurance company requires you to obtain this authorization in order to cover your visit to our office. The referring doctor can usually assist you, but it is ultimately your responsibility to make sure the process is completed.

If all the pieces are not in place, the charges associated with your visit to our office will NOT be paid by your insurance company and WILL be your responsibility. Payment will be expected at the time of service as you check in to see us. If additional testing or procedures are required or recommended during your visit, you may want to discuss these with your physician. Based on the recommendations of your physician, a return appointment could be made to complete the necessary testing or procedures and to allow for you to obtain the appropriate authorizations. If the testing and/or procedures are performed at your initial visit, without contacting your insurance company, the charges will not be covered and you WILL be responsible for payment.

In sharing this information with you, we just want to make sure that you are well informed about how we expect your insurance company will handle your charges. The best way to make sure your charges will be covered is to contact your insurance company and obtain the appropriate authorization for your services with us.

Please let us know if we can answer any questions for you or help you with your authorizations.



**Reason for Visit:** (Please explain the problems that bring you to our office today.)

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**Surgical History:**

**Eye Surgeries/Laser Treatments**

None

Type of Operation:

Date:

Complications:

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**All Other Surgeries**

None

Type of Operation:

Date:

Complications:

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**Lab Testing/Studies:**

Date

Location

Phone# (if known)

**Blood Work:** \_\_\_\_\_

**X-Ray:** \_\_\_\_\_

**CAT Scan:** \_\_\_\_\_

**MRI:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Physician(s):** Please give the name, address and phone numbers of any doctors you are currently seeing.  
If more space is needed, please use back of questionnaire.

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**Past Medical History:** (Mark any of the conditions that you currently have or have a history of and in the space provided please describe and indicate how long you have had this problem)

None

Diabetes:  Y  N ( insulin /  no insulin) Year Diagnosed \_\_\_\_\_ Last A1C \_\_\_\_\_

Allergies:  Y  N \_\_\_\_\_ Osteoporosis:  Y  N \_\_\_\_\_

Alzheimer's/Dementia:  Y  N \_\_\_\_\_ Night Sweats:  Y  N \_\_\_\_\_

Anemia/Bleeding Problems:  Y  N \_\_\_\_\_ Heart Problems/CVD :  Y  N \_\_\_\_\_

Arthritis (Osteo, Rheumatoid):  Y  N \_\_\_\_\_ Hepatitis A, B, C:  Y  N \_\_\_\_\_

Asthma/ Bronchitis:  Y  N \_\_\_\_\_ High Blood Pressure:  Y  N \_\_\_\_\_

Blindness:  Y  N \_\_\_\_\_ High Cholesterol:  Y  N \_\_\_\_\_

Blood Transfusion:  Y  N \_\_\_\_\_ HIV /AIDS :  Y  N \_\_\_\_\_

Cancer:  Y  N \_\_\_\_\_ Lupus:  Y  N \_\_\_\_\_

Depression:  Y  N \_\_\_\_\_ Migraine:  Y  N \_\_\_\_\_

Emphysema/ COPD:  Y  N \_\_\_\_\_ Sickle Cell Anemia:  Y  N \_\_\_\_\_

Epilepsy/Seizures:  Y  N \_\_\_\_\_ Stroke :  Y  N \_\_\_\_\_

Glaucoma:  Y  N \_\_\_\_\_ Thyroid Disease:  Y  N \_\_\_\_\_

Kidney/Urinary Problems:  Y  N \_\_\_\_\_ Tuberculosis(TB):  Y  N \_\_\_\_\_

Ulcer/Stomach Problems:  Y  N \_\_\_\_\_ Other:  Y  N \_\_\_\_\_

**Family Medical History:** (In the space provided please indicate relationship. For example "maternal grandmother", "paternal grandfather" or "brother" ect.)

Anemia:  Y  N \_\_\_\_\_ Heart Problems/Disease:  Y  N \_\_\_\_\_

Arthritis:  Y  N \_\_\_\_\_ Hepatitis:  Y  N \_\_\_\_\_

Bleeding Problems:  Y  N \_\_\_\_\_ High Blood Pressure:  Y  N \_\_\_\_\_

Blindness:  Y  N \_\_\_\_\_ Macular Degeneration:  Y  N \_\_\_\_\_

Cancer:  Y  N \_\_\_\_\_ Migraine/ Headaches:  Y  N \_\_\_\_\_

Cataract:  Y  N \_\_\_\_\_ Retinal Detachment:  Y  N \_\_\_\_\_

Corneal Problems:  Y  N \_\_\_\_\_ Sickle Cell:  Y  N \_\_\_\_\_

Diabetes:  Y  N \_\_\_\_\_ Stroke:  Y  N \_\_\_\_\_

Emphysema:  Y  N \_\_\_\_\_ Thyroid Disease:  Y  N \_\_\_\_\_

Epilepsy/Seizures:  Y  N \_\_\_\_\_ Tuberculosis (TB):  Y  N \_\_\_\_\_

Glaucoma:  Y  N \_\_\_\_\_ Other :  Y  N \_\_\_\_\_

## REVIEW OF SYSTEMS

**CHECK those that apply or CHECK - NONE**

**Health in general:**  Chills,  Fatigue,  Fever,  Weight Gain,  Weight Loss,  
 Other \_\_\_\_\_  NONE

**Skin:**  Excessive dryness,  itching,  skin lesion,  rash (*eczema, psoriasis, rosacea*)  
 Other \_\_\_\_\_  NONE

**Ears, Nose, Mouth, Throat:**  Sinus pain,  ear discharge,  ear pain,  hearing loss,  tinnitus  
(*ringing/buzzing/swoosh*),  nasal congestion,  nosebleeds,  rhino rhea (*runny nose*),  hoarseness,  
 sore throat,  Other \_\_\_\_\_  NONE

**Cardiovascular:**  Chest pain,  claudication(*leg pain/cramping*),  dyspnea on exertion(*shortness of  
breath with effort*),  leg swelling,  orthopnea(*shortness of breath while laying down*),  palpitations,  
 Other \_\_\_\_\_  NONE

**Respiratory:**  Cough,  hemoptysis (*coughing up blood*),  shortness of breath,  sputum,  
 production,  wheezing,  sleep apnea (cpap Y/N),  Other \_\_\_\_\_  NONE

**Gastrointestinal:**  Abdominal pain,  belching,  blood in stool,  constipation,  diarrhea,  
 heartburn,  hemorrhoids,  nausea,  trouble swallowing,  vomiting,  
 Other \_\_\_\_\_  NONE

**Genitourinary:**  Irregular menses,  bladder incontinence,  polyuria(*frequent urination*),  dysuria  
(*painful urination*),  Other \_\_\_\_\_  NONE

**Muscle, Joint and Bone:**  Back pain,  falls joint pain,  myalgias (*muscle pain*),  neck pain,  
 Other \_\_\_\_\_  NONE

**Neurological:**  Dizziness,  focal weakness,  headache,  loss of consciousness,  seizures,  
 speech change,  tingling,  tremor,  Other \_\_\_\_\_  NONE

**Psychiatric:**  Depression,  hallucinations,  insomnia,  memory loss,  nervous/anxious,  
 Other \_\_\_\_\_  NONE

**Allergic/ Immunology:**  Environmental allergies,  Other \_\_\_\_\_  NONE

**Blood and Lymph:**  Easy bruise/ bleed,  lymph node swelling,  
 Other \_\_\_\_\_  NONE

**Glands and Endocrine:**  Hot flashes,  polydipsia, (frequent thirst),  sweating,  
 Other \_\_\_\_\_  NONE