



YOUR APPOINTMENT:

- A scheduling representative will contact you to schedule your appointment.**

Date: _____

Time: _____

With Dr. _____

Location: Eye & Ear Institute (Main Office):
915 Olentangy River Rd. 5th Floor
Columbus, OH 43212

Dublin:
Dublin, OH 43016
6435 Post Rd.

Westerville:
484 County Line Rd. Ste 240
Westerville, OH 43082

The Ohio State University Wexner Medical Center
Department of Ophthalmology & Visual Sciences
Havener Eye Institute Welcomes You!

Advancing ophthalmology through clinical care, research and education

The Ohio State University Wexner Medical Center Department of Ophthalmology & Visual Sciences provides optimal eye health care with the latest, evidence-based practices and advancements in ophthalmology. From routine eye exams to advanced treatments, the ophthalmology specialists of The Ohio State University Wexner Medical Center Havener Eye Institute are ready to care for you.

Our eye care experts work together to maintain your eye health, improve and protect your vision, and prevent blindness. From routine eye exams to advanced treatments, we use the latest diagnostic, medical and surgical techniques to treat, cure and prevent many eye conditions and diseases within multiple ophthalmology subspecialties.

PREPARE FOR YOUR VISIT

CONTACT LENS WEARERS – Before your visit

- Contact lenses can be worn to your appointment in most cases. Be aware that you will likely need to remove them during the course of your eye exam. Bring supplies with you if you prefer to use your own.
- CATARACT SURGERY CONSULTATION CONTACT LENS WEARERS:
 - If you wear **soft contact lenses** – **STOP CONTACT LENS WEAR 2 weeks prior to your appointment** to provide the most accurate measurements needed by your eye surgeon.
 - If you wear hard contact lenses or **RGP (rigid gas permeable contacts)** – you should **contact your surgeons staff** (call 614-293-8116) as they will need to advise how long before your appointment to STOP CONTACT LENS WEAR.

Pre – Registration

A Pre-Registration Specialist will contact you at the phone number provided by your doctor. This process will take approximately 10 minutes and will streamline the check-in process the day of your appointment.

Have the following information on hand for pre-registration:

- Your driver's license or state-issued identification
- Insurance card
- Emergency contact information
- The name and address of the provider who is referring you
- Appointment date and time
- Method of payment

If you do not have OSU MyChart and are interested in signing up, please make your Pre-Registration Specialist know you are interested in signing up.

What to bring to your appointment

- Completed Questionnaire (pages ** through ** of this packet)
 - Even if you are already a patient to OSU, eye related information may not have been added to your medical history and could be relevant information your doctor may need to know.
- Eye drops (if they do not need to be refrigerated)
- CT/MRI scans AND reports, if they are related to the nature of your visit.
- Glasses or contact lens solutions and supplies
- A jacket or sweater
- Sunglasses
- A driver
- Diabetic and oxygen patients - prepare for potentially long wait times and plan accordingly

Arriving for your appointment

* **Visitor Restrictions** may be in place at the time of your visit, and visitors will be asked to wait outside the building during your visit. Exceptions to this restriction are assessed on a

case by case basis. If you feel that you require a visitor to accompany you during your appointment please call 614-293-8116 to discuss and notify of your doctors staff.

Arrive no sooner than 5-10 minutes before your scheduled appointment time unless you are contacted and instructed to do otherwise - *if you do arrive sooner than scheduled arrival time, you may be asked to wait outside of the building until your arrival time.*

Be prepared to give the following to the Front Desk Associate at the time of check-in:

- **Completed Questionnaire**
- **Driver's license or state-issued identification**
- **Insurance card** - a list of insurances we accept can be found at:
wexnermedical.osu.edu/patient-and-visitor-guide/insurances-we-accept)
- **Payment (if applicable) in the form of cash, check or credit card (we accept Visa and Mastercard)** *Please note: *Co-payments and self-pay balances are due at the time of service*

What to expect during your appointment

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.

Plan to spend 2 - 4 hours in the office. Your physician will spend as much time as needed with you, but keep the following in mind may cause longer wait times:

- Emergency patients are not uncommon and require immediate care. Our staff does understand how frustrating this can be, and will do their best to provide updates on possible delays if they are able to.
- Specialized testing is often performed at the time of your visit
- You may be seen by a resident or fellow before your physician during your visit



PATIENT QUESTIONNAIRE

Last Name First Name MI DOB

Preferred Name Preferred Gender Identity Assigned Gender

Preferred Pharmacy: _____ Located at: _____

Occupation: _____ Hobbies: _____

Allergies NONE

Drug Allergies:	Reaction:

Drug Allergies:	Reaction:

Medications NONE

(Please list **ALL** medications you are currently taking, including eye drops, supplements and over the counter medications)

Name of Medication	Dose & Frequency

*If more space is needed list on a separate sheet

Personal Medical History

Condition	Y	N	Treatments / Procedures	Date	
Cataracts					
Cornea Problems					
Glaucoma					
Macular Degeneration					
Blurred vision					
Eye Pain					
Dry Eye					
Eye Injuries					
Refractive Error					
Other					
Check one Y(yes) or N (no) for each:	Y	N	Date or Duration	Specify / Additional information	
Allergies					
Alzheimer's disease/Dementia					
Anemia/Bleeding Problems					
Anxiety					
Arthritis (Osteo/Rheumatoid)					
Asthma/Bronchitis					
Autoimmune Disease					
Blindness					
Blood Transfusion					
Cancer					
Depression					
Diabetes					
Circle all that apply:	Type I	Type 2	Insulin	Non-insulin	Last A1c & date:
Emphysema/COPD					
Epilepsy/Seizures					
Kidney/Urinary Problems					
Ulcers/Stomach Problems					
Osteoporosis					
Heart Condition/CVD					
Hepatitis A, B, &/or C					
High Blood Pressure					
HIV/AIDS					
Lupus					
Migraines					
Sickle Cell Anemia					
Stroke/TIA					
Thyroid Disease					
Tuberculosis (TB)					
Other					

Labs, Testing, Imaging & Studies: **NONE**

Specify	Date	Where Performed:	Contact Number

Surgical History

Eye Surgeries / Lasers / Treatments: **NONE**

Procedure:	Which Eye	Date:	Surgeon/Clinic:	Complications?

All Other Surgeries: **NONE**

Procedure:	Date:	Surgeon/Clinic:	Complications?

Family Medical History (specify relative: M [mother] F [father] P [paternal] M [maternal] etc.)

Check one:	Y	N	Relative
Alzheimer's disease or Dementia			
Amblyopia (lazy eye)			
Anemia/Bleeding Problems			
Arthritis (Osteo/Rheumatoid)			
Autoimmune Disease			
Blindness			
Cancer			
Cataracts			
Corneal Problems			
Diabetes			
Emphysema			
Heart Condition/CVD			
Hepatitis			

Check one:	Y	N	Relative
High Blood Pressure			
High Cholesterol			
Macular Degeneration			
Migraines/Headaches			
Retinal Detachment			
Sickle Cell Anemia			
Stroke			
Thyroid Disease			
Tuberculosis (TB)			
Other:			

Social History

History of Tobacco Use (circle one):

Never **Current Every Day** **Current Some Days** **Occasional (some days)**

(circle all that apply): **Cigarettes** **Cigars** **Pipe** **Smokeless: Chew/Snuff**

Amount per Day: _____ Approximate Start Date: _____ Quit Date: _____

History of Alcohol Use

Never Monthly or Less 2-4 Times a Week 4 or more times a week

How many drinks containing alcohol do you have on a typical day when you are drinking?

(circle one): **1 or 2 3 or 4 5 or 6 7 or 9 10 or more**

How often do you have six or more drinks on one occasion? (circle one)

Never Less than Monthly Monthly Daily or almost daily

of average drinks per week: **Beer: _____ Wine: _____ Shots of Hard Liquor: _____**

Recreational Drug Use (circle one):

Never Former user Current user

Specify (circle all that apply):

IV Drug Use Marijuana Cocaine Hallucinogenic Other (specify):

Physical Activity:

On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)? (specify by circling number of days)

0 1 2 3 4 5 6 7

On average, how many minutes do you engage in exercise on this level? (specify by circling minutes)

0-10 20-40 50-70 80-110 120-140 150+

Financial Resource Strain:

How hard is it for you to pay for the very basics like food, housing, medical care, and heating? (specify by circle one)

Very Hard Hard Somewhat Hard Not very hard Not hard at all

Children’s Healthwatch Housing Screening:

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time? (circle one) **YES NO**

In the last 12 months how many places have you lived? _____

In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)? (circle one) **YES NO**

Transportation Needs:

In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications? (circle one) **YES NO**

In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things you needed for daily living? (circle one) **YES NO**

Food Insecurity:

Within the past 12 months, you worried that your food would run out before you got the money to buy more. (circle one) **Never true Sometimes True Often True**

Within the past 12 months, the food you bought just didn’t last and you didn’t have the money to get more. (circle one) **Never true Sometimes True Often True**

Stress:

Do you feel stress – tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time these days? (circle one)

Not at all Only a Little To some extent Rather much Very Much

Social Connections:

In a typical week, how many times do you talk on the phone with family, friends, or neighbors? (circle one) **Never Once Twice Thee times More than three times**

How often do you get together with friends/relatives? (specify by circling best answer)

Never Once Twice Thee times More than three times

How often do you attend church or religious services? (circle one)

Never 1-2 Times per year More than 4 times per year

Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups? (circle one) **YES NO**

If so, how often do you attend the clubs or organizations you belong to? (circle one)

Never 1-2 Times per year More than 4 times per year

Are you married, widowed, divorced, separated, never married or living with a partner?

(circle one) **Married Widowed Divorced Separated Never Married**

Living with a Partner

Review of Systems

(circle all that apply)

General Health:	Chills		Fatigue		Unexpected weight change	
	Activity Change		Profuse Sweating (Diaphoresis)			
Ears, Nose & Throat:	Trouble Swallowing		Dental Problems		Rhinorrhea (runny nose)	
	Sinus Pressure		Facial Swelling		Hearing Loss	
	Nosebleeds		Postnasal Drip		Voice Change	
	Tinnitus	Sneezing	Drooling	Ear Pain	Sinus Pain	Sore Throat
Eyes:	Discharge		Itching		Pain	
	Light Sensitivity		Blurred Vision		Floaters	
Respiratory:	Sleep Apnea (C-PAP use?)				Chest Tightness	
	Shortness of Breath				Wheezing	
Cardiovascular:	Chest Pain		Leg Swelling		Palpitations	
Gastro-Intestinal:	Abdominal pain		Abdominal Swelling/distention			Nausea
	Vomiting		Constipation		Diarrhea	
Endocrine:	Cold Intolerance	Heat Intolerance	Excessive Thirst (polydipsia)		Increased appetite (polyphagia)	
Genitourinary:	Difficulty Urinating				Painful Urination (dysuria)	
	Incontinence (enuresis)				Flank Pain (lower back/side)	
	Increased Urination				Decreased Urination	
Musculoskeletal:	Arthritic Pain		Back Pain		Gait Problem	
	Myalgia (muscle pain)				Neck Pain	
Skin:	Color Change		Wound		Paleness (pallor)	
Immunological	Environmental Allergies		Immunocompromised			Food Allergies
Neurological	Facial Asymmetry				Speech Difficulty	
	Numbness		Seizures		Dizziness	
	Tremors		Weakness		Headaches	
Hematology	Adenopathy (swollen lymph nodes)				Bruise Easily/excessive bleeding	
Psychiatric	Suicidal Thoughts		Behavior Problems		Sleep Disturbance	
	Hallucinations		Hyperactivity		Nervous/Anxiety	
	Agitation				Confusion	

Physicians

Specialty	Name	Phone Number
Primary Care Doctor		
Optometrist		

PARTICIPATE IN YOUR CARE

You're the most important person on your healthcare team!

- Have a prepared list of questions written down before your appointment so you don't forget to ask
- Participate in conversation about your eye care. If you don't understand, ask questions. Your doctors wants you to understand your care so you can work together
 - There are many ways for you to communicate to your physician and his/her team, you don't have to wait until your next visit:
 - **Telephone** – call 614-293-8116. Our telephone operators can send a message to your physicians team to answer any questions or concerns you may have after your visit
 - **Online (OSU MyChart)** – you can send messages to your physician and their team

Questions you would like to address with your doctor today:

Cancellations & late arrival policy

- We strive to provide the most efficient service to our patients and 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 required advanced notice, please be aware that rescheduling that appointment cannot be guaranteed.
- If you are going to be late for an appointment, please call ahead so that your physician and their team can be notified. Keep in mind that they may advise that it may be best to reschedule you appointment.

Referrals & Consultations

- If your insurance carrier requires a referral or authorization for your appointment (usually applies to HMO or POS based policies), it is advised that you contact your primary care provider's office and ask that a referral be sent to your insurance carrier.
- It is the patient's responsibility to know if our physicians are participating providers you're your insurance carrier. We do participate in most major insurance carriers, but not all. Because insurance carriers frequently merge and update their provider base, it is recommended that you contact your carrier prior to your appointment.
- If your insurance carrier requires a referral or authorization and you do not have one at the time of your appointment:
 - You can pay in full for all services rendered, or
 - You can reschedule the appointment to allow you to obtain the referral or authorization to minimize out of pocket expenses to you, or
 - We can attempt to contact your doctor's office to obtain the referral for you. However, keep in mind that this is often unsuccessful for many reasons and may ultimately need to reschedule or collect payment.

** If you are unsure if you need a referral or authorization, please refer to your insurance policy or contact 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 be sure to obtain any referrals that may be necessary to fulfill the requirements of your policy.*

Billing & Insurance

- A charge will be assessed for your services. Ultimately, it is the patient or guarantor who is responsible for payment of all charges incurred at the time of your visit.
- Self-pay patients (includes but is not limited to: patients without insurance, patients unable to provide proof of insurance, and patients being seen as a result of an accident):
 - Be prepared to pay in full at the time of your visit
 - **A \$250 base fee will be collected from new patients, and \$150 from established patients.**
- **\$45 will be collected for glasses prescriptions.** Payment is expected at the time of service and is not covered by most insurance carriers
- Any outstanding balances will be collected at check-in
- Specific insurance coverage questions should be directed to your insurance carrier.
- You may incur facility charges from the OSU Wexner Medical Center and charges from your physician for their services. You will receive additional information regarding this at time of check in.
- In certain circumstances, **Financial Assistance may be available.** If this is an option it will offered at time of scheduling and potentially at additional times throughout the time leading up to your appointment.
- If you have insurance, your insurance will be billed and any remaining balance is billed to the patient or guarantor.

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 further out to allow you time to meet the obligations required by your insurance policy.

- **BWC** (Bureau of Workman's Compensation): You must bring a copy of your BWC card or letter of case approval. Ideally, we will need an approved C9 (BWC form that indicates a request from another physician for us to see you) on file or brought with you to confirm that BWC is aware and in approval of our services.
- **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
- **INSURANCE PLAN NOT CONSIDERED IN NETWORK:** If your insurance is not listed on our website as an insurance that we participate with, it is best that you contact your insurance to find out your obligations and any opportunity to limit your out of pocket costs. Seeing us on an Out-Of-Network basis will require that we collect payment directly from you, this can be ALL of the charges or potentially partial charges.

For a list of the insurances that we are considered in network with please go the following website: wexnermedical.osu.edu/patient-and-visitor-guide/insurances-we-accept

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 with any authorizations you may need.

Social Work is available on a case by case basis and may be able to assist and provide other solutions.

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. Please notify our office any medical or financial circumstances that you may have.

DRIVING DIRECTIONS

★ 915 Olentangy River Rd. Suite 5000
Columbus, OH 43212

From the North

(Sandusky, Delaware and Cleveland)
Take any major highway to Interstate 270
Take Interstate 270 west toward Dayton
Merge onto State Route 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 Interstate 71
Take Interstate 71 to State Route 315 north
Take Goodale Street/Grandview Heights exit
Turn right onto West 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 Interstate 70
Take Interstate 70 west to State Route 315 north
Take the Goodale Street/Grandview Heights exit
Turn right onto West 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 Interstate 70
Take Interstate 70 east to Interstate 670 east
Take Interstate 670 east to State Route 315 north
Take the Goodale Street/Grandview Heights exit
Turn right onto West Goodale Street
Turn right onto Olentangy River Road
The Eye and Ear Institute will be on your left.