



Your appointment

A scheduling representative will contact you to schedule your appointment.

Date:

Time:

With Doctor:

LOCATION

Eye & Ear Institute (Main Office)

915 Olentangy River Rd., 5th Floor
Columbus, OH 43212

Dublin

6435 Post Rd.
Dublin, OH 43016

Westerville

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

New Albany

6100 North Hamilton Rd.
2nd Floor, Suite 2B
Westerville, OH 43081

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 surgeon’s 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.

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 or visit mychart.osu.edu.

What to bring to your appointment

- 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.

Also please bring and be prepared to give the following to the Front Desk Associate at the time of check-in:

- **Completed Patient Questionnaire**
- **Driver’s license or state-issued identification**
- **Insurance card** - For a list of the insurances that we are considered in network with please go the following website: wexnermedical.osu.edu/insurance.
- **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 to 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

Personal Information

First name:

Last name:

MI:

Date of birth:

Preferred name:

Preferred gender identity:

Assigned gender:

Preferred pharmacy:

Pharmacy location:

Occupation:

Hobbies:

Allergies

Yes (Please list below.)

None

Drug allergy	Reaction	Drug allergy	Reaction

Medications

Yes (Please list below.)

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, please list on a separate sheet.

History of Eye Medication Use

Name of medication	Dose & Frequency

If more space is needed, please list on a separate sheet.

Personal Medical History

Condition	Yes	No	Treatments/Procedures	Date
Cataracts				
Cornea Problems				
Glaucoma				
Macular Degeneration				
Blurred Vision				
Eye Pain				
Dry Eye				
Eye Injuries				
Refractive Error				
Other				

Condition	Yes	No	Date or Duration	Specify/Additional Information
Allergies				
Alzheimer's Disease/Dementia				
Anemia/Bleeding Problems				
Anxiety				
Arthritis (Osteo/Rheumatoid)				
Asthma/Bronchitis				
Blindness				
Blood Transfusion				
Cancer				
Depression				
Diabetes				

Check all that apply: Type 1 Type 2 Insulin Non-insulin Last A1c & Date:

Personal Medical History *(Continued)*

Condition	Yes	No	Date or Duration	Specify/Additional Information
Emphysema/COPD				
Epilepsy/Seizures				
Kidney/Urinary Problems				
Ulcers/Stomach Problems				
Ocular Injury/ Blunt Force Trauma				
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 and Studies

Yes (Please list below.)

None

Lab, Test, Image or Study	Date	Where Performed	Contact Number

Surgical History

Eye Surgeries, Lasers and Treatments

Yes (Please list below.)

None

Eye Surgery, Laser or Treatment	Which Eye	Date	Surgeon/Clinic	Complications?

All Other Surgeries

Yes (Please list below.)

None

Surgery	Date	Surgeon/Clinic	Complications?

Family Medical History

(Please specify relative as: M = Mother, F = Father, P = Paternal, M = Maternal, etc.)

Condition	Yes	No	Relative
Alzheimer's disease/ Dementia			
Amblyopia (lazy eye)			
Anemia/Bleeding Problems			
Arthritis (Osteo/Rheumatoid)			
Autoimmune Disease			
Blindness			
Cancer			
Cataracts			
Corneal Problems			
Diabetes			
Emphysema			
Glaucoma			

Condition	Yes	No	Relative
Heart Condition/CVD			
Hepatitis			
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

Never Current, Every Day Current, Some Days Occasional (Some Days)

Select 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 to 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?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

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

Never Less than monthly Monthly Daily or almost daily

Average number of drinks per week: Beer: _____ Wine: _____ Shots of hard liquor: _____

Recreational Drug Use

Never Former User Current User

Select all that apply: IV Drug Use Marijuana Cocaine Hallucinogenic

Other: _____

Physical Activity

On average, how many days per week do you engage in moderate to strenuous exercise, like a brisk walk?

1 2 3 4 5 6 7

On average, how many minutes do you engage in exercise on this level?

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

Social History *(Continued)*

Financial Resource Strain

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

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?

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)?

Yes No

Transportation Needs

In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?

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?

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.

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.

Never true Sometimes true Often true

Social History *(Continued)*

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?

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?

Never Once Twice Three times More than three times

In a typical week, how often do you get together with friends/relatives?

Never Once Twice Three times More than three times

How often do you attend church or religious services?

Never 1 to 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?

Yes No

If so, how often do you attend the clubs or organizations you belong to?

Never 1 to 2 times per year More than 4 times per year

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

Married Widowed Divorced Separated Never married Living with a partner

Review of Systems (Check all that apply.)

General

Chills

Activity change

Fatigue

Profuse sweating
(Diaphoresis)

Unexpected weight
change

Ear, Nose, & Throat

Trouble swallowing

Sinus pressure

Nosebleeds

Tinnitus

Sneezing

Mouth sores

Dental problems

Facial swelling

Postnasal drip

Drooling

Ear pain

Congestion

Runny nose

Hearing loss

Voice change

Sinus pain

Ear discharge

Sore throat

Review of Systems *(Continued)*

Eyes	Discharge Redness Floaters	Itching Light sensitivity	Pain Blurred vision
Respiratory	Sleep apnea (C-PAP) Shortness of breath	Chest tightness Wheezing	Choking
Cardiovascular	Chest pain	Leg swelling	Palpitations
Gastrointestinal	Abdominal pain Abdominal swelling/ distention	Vomiting Constipation	Nausea Diarrhea
Endocrine	Cold intolerance Increases in appetite	Heat intolerance	Excessive thirst
Genitourinary	Difficulty urinating Lower back or side pain Decreased urination	Painful urination Genital sore	Incontinence Increased urination
Musculoskeletal	Arthritic pain Joint swelling Neck stiffness	Back pain Muscle pain (Myalgia)	Gait problem Neck pain
Skin	Color change Rash	Wound	Paleness
Immunological	Environmental allergies	Immunocompromised	Food allergies
Neurological	Facial asymmetry Numbness Syncope Headaches	Speech difficulty Seizures Tremors	Light-headedness Dizziness Weakness

Review of Systems *(Continued)*

Hematology

Swollen lymph nodes

Bruise easily/Excessive bleeding

Psychiatric

Suicidal thoughts

Behavior problems

Sleep disturbance

Decreased concentration

Hallucinations

Hyperactivity

Nervous/Anxiety

Self-injury

Agitation

Confusion

Physicians

Physician Specialty	Name	Phone Number
Primary Care Doctor		
Optometrist		

Participate in your care

You are the most important person on your healthcare team.

Have a prepared list of questions written down before your appointment so you do not forget to ask. Participate in conversation about your eye care. If you do not understand, ask questions. Your doctors want you to understand your care so you can work together.

There are many ways for you to communicate with your physician and his/her team, you do not have to wait until your next visit:

- **Telephone:** Call 614-293-8116. Our telephone operators can send a message to your physician's team to answer any questions or concerns you may have after your visit.
- **Online (OSU MyChart):** Send messages to your physician and their team.

Questions you would like to address with your doctor today:

Cancellations and 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 your appointment.

Referrals and 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 with your insurance plan. 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 and 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 who are considered out of network when seeing our providers, 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.
 - **An estimate will be sent for the expected services and the estimate amount will be collected at time of check in.**
- **\$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 be offered at time of scheduling and potentially at additional times throughout the time leading up to your appointment. Visit wexnermedical.osu.edu/assistance to learn more about financial assistance.

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. If you are approved to be seen on an Out-Of-Network basis, payment at the time of service will be required; this can be ALL the charges, or potentially partial charges.

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.