

BAY STATE EYE ASSOCIATES

Michael K. Edelstein, O.D., P.C.
 Phone: (781) 899-3200 Fax: (781) 894-4645

Date of Service

Copay Received \$

Patient Name:

Mr / Ms _____
FIRST MIDDLE INITIAL LAST

Street Address: _____ Apt / Unit # _____

City: _____ State: _____ Zip: _____ Date of Birth: ____/____/____

Phone Numbers:

Home: (____) _____ Work: (____) _____ Cell:(____) _____

Email Address: _____ Marital Status: Married Divorced Separated
 Single Widowed

Primary Care Physician: _____ Telephone: _____

Insurance Name: _____ ID # _____

SHOULD BE EXACTLY AS IT APPEARS ON CARD - INCLUDE ANY PREFIX OR SUFFIX

Policy Holder :

Name: _____ Date of Birth: ____/____/____ Relationship: _____

I understand that my insurance, based on information I have provided, will be billed for services rendered at this office as a courtesy, and if for any reason the services are not covered by my insurance I understand that I am responsible for payment in full.

Patient Signature: _____ Date: ____/____/____

OFFICE USE ONLY

DIAGNOSIS CODE:			<input type="checkbox"/> WAIVER SIGNED (-GA Modifier)		
New Patient Visits			Established Patient Visits		
<input checked="" type="checkbox"/>	Code	Description	<input checked="" type="checkbox"/>	Code	Description
<input type="checkbox"/>	92002	Intermediate	<input type="checkbox"/>	92012	Intermediate
<input type="checkbox"/>	92004	Comprehensive	<input type="checkbox"/>	92014	Comprehensive
<input type="checkbox"/>	99202	Focused Complexity, E & M	<input type="checkbox"/>	99212	Focused Complexity, E & M
<input type="checkbox"/>	99203	Low Complexity, E & M	<input type="checkbox"/>	99213	Low Complexity, E & M
<input type="checkbox"/>	99204	Moderate Complexity, E & M	<input type="checkbox"/>	99214	Moderate Complexity, E & M
For Aetna U.S. Healthcare Patients					
<input type="checkbox"/>	S0620	Ophthalmological Exam, new patient	<input type="checkbox"/>	S0621	Ophthalmological Exam, est. patient
Supplies			Mass Health Supplies (includes frame & pair of lenses)		
<input type="checkbox"/>	V2103	Frame w/ Single Vision Lenses	<input type="checkbox"/>	92340	Fitting of spectacles, monofocal
<input type="checkbox"/>	V2203	Frame w/ Bifocal Lenses	<input type="checkbox"/>	92341	Fitting of spectacles, bifocal
<input type="checkbox"/>	V2219	Progressive Lenses	<input type="checkbox"/>	92342	Fitting of spectacles, multifocal (other than bi)
<input type="checkbox"/>	V2319	Frame w/ Trifocal Lenses	<input type="checkbox"/>	92340	2nd Pair of Single Vision Lenses
Procedures					
<input type="checkbox"/>	92100	Tonometry	<input type="checkbox"/>	92250	Retinal photography
<input type="checkbox"/>	92225	Extended Ophthalmoscopy	<input type="checkbox"/>	67820	Correction of trichiasis by forceps
<input type="checkbox"/>	92226	Ophthalmoscopy, subsequent	<input type="checkbox"/>	92015	Refraction - NO MEDICARE
<input type="checkbox"/>	92285	External Ocular Photography	<input type="checkbox"/>	68761	Closure of lacrimal punctum, _____ plugs used
<input type="checkbox"/>			<input type="checkbox"/>	92082	Visual field exam, intermediate
<input type="checkbox"/>	-25	Modifier -25 (check if applies)	<input type="checkbox"/>	92083	Visual field exam, extended