



Spectrios Institute for Low Vision

Appointment Guide

This guide will help you understand what to expect at your exam and help you prepare questions to ask your doctor. Whether this is your first time visiting Spectrios Institute for Low Vision or you have been getting annual checkups with us for years, *we look forward to working with you!*

Your Appointment:

1/ Important Documents Check List

Your Patient Forms

- HIPAA Form
- Insurance Information
- No Show Policy
- Medication List
- Release of Records
- Demographics

Insurance Card

Photo Identification

2/ Tips for a Successful Appointment



Prepare Ahead

Make sure you have all your forms ready when you arrive. **Plan to arrive 30 minutes early.**



Travel Safely

Be sure to make all the necessary transportation arrangements to arrive at your appointment on time.



Bring Someone

We find having another person to listen and provide support can be a valuable resource.






Bring Your Tools

Bring all glasses, devices and portable technology that currently helps you function.

3/ Welcome – Learn What We’re About

Spectrios Institute for Low Vision, formerly Deicke Center for Visual Rehabilitation, is dedicated to helping individuals with low vision lead full, productive lives. We offer a full spectrum of care treating the head, heart and eyes. We will help you find the right devices and technology to maximize your vision so you not only see better but live a more independent life.

When your eye doctor says nothing else can be done.... that’s where we start.

| | |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>Your Head We educate you about your condition. We help you understand how to best use your sight. We work with you to understand your goals and teach you about strategies you can use to improve your ability to see with your current level of vision.</p> |
|  | <p>Your Heart We understand from the experience of working with thousands of clients, the loss people feel when their vision can no longer be completely corrected. We help relieve the anger, frustration, and hopelessness that often follow a diagnosis of vision loss.</p> |
|  | <p>Your Eyes We treat people with low vision. We are a teaching and research institution, a provider of low vision products and care – with access to the latest diagnostic technology and prescriptive devices. Our professionals are nationally recognized, and our accredited program has served children and adults with vision loss for over 30 years.</p> |

4/ How to Find Us

We are located at: The Deicke House of Hope
219 East Cole Avenue | Wheaton, IL 60187
Phone: 630-690-7115 | Fax: 630-690-9037





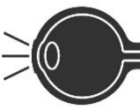



Once you are in Wheaton:

- We are located south of Geneva Road and Main Street, on the east side of Main
- Enter the parking lot from Cole Avenue
- We are located in the yellow house in the same parking lot as the Wheaton Eye Clinic

5/ What to Expect at Your Appointment

At Spectrios, we provide every patient with a comprehensive low vision evaluation. Your doctor will review your medical history, answer all your questions and work with you to tailor a program to help you achieve your goals. We want you to continue your care with your ophthalmologist/optometrist for disease management. We conduct a range of tests as needed to help us in monitoring and assessing your ocular health – to provide co-management of your disease with your ophthalmologist/optometrist.

We strive to educate you, motivate you and provide the glasses, tools, technology and training to improve your functional ability.

| Assessment and Goal Setting | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>Functional Goals Your low vision doctor will assess your visual needs, help you set visual goals and provide education to understand your diagnosis.</p> |  <p>Visual Acuity/Contrast We measure how well you see the letters on an eye chart for both distance and near visual tasks and assess your ability to distinguish objects from the background.</p> |
|  <p>Visual Fields This test measures how much vision you have and finds any central or peripheral vision loss.</p> |  <p>Low Vision Refraction We determine the right prescription for glasses, and optical devices like magnifiers and telescopes to improve and maximize your vision.</p> |
| Potential Additional Assessments | |
|  <p>Ocular Health Exam On an as needed basis we do a variety of tests that could include ocular pressure check and a dilated eye examination – to aid in co-managing your vision loss.</p> |  <p>Fundus Photography This test lets the doctor look closely at your retina by taking pictures of the back of the eye. We use this information to show you how to maximize your vision</p> |

6/ Comprehensive Low Vision Treatment Program

Based on your exam, a comprehensive treatment plan will be created with your doctor at your first visit. It can include several components:

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| Occupational Therapy/ Rehabilitation Training To support independence and participation in valued daily activities by developing strategies and learning to use low vision tools, like glasses, lighting and environmental adaptation to reduce demands of everyday tasks. | Access Technology To learn about adaptive technology and determine what tools (electronic magnifiers, scan-to-speech, smart phone technology, etc.) will best suit your needs. Training is provided, so you will know how to make the best use of your tools. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7/ Questions to ask your doctor

Plan to discuss your concerns about your vision with your doctor. Don't leave without having all your questions asked and a clear understanding of your diagnosis. Here are some questions you might want to consider:

1. What is my visual diagnosis? How does it affect my vision?
2. I am noticing changes in my vision. What could that mean?
3. Can I get special glasses to see better?
4. Can I drive again?
5. What next steps should I take to ensure the best possible outcome?
6. What other doctors might I need to see? Do I still need my specialist?
7. Why is occupational therapy important?
8. What tools and technology might be able to assist me in achieving my goals?

Add other questions that you want to make sure to ask the doctor:

8/ Insurance Information

Spectrios Institute for Low Vision accepts most commercial insurance and Medicare.

You are responsible for any charges not covered by your insurance. This can include deductibles, co-insurance amounts or co-pays. We will bill you at the time of service for any known non-covered charges. Refraction and many devices are generally not covered.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medicare Spectrios will submit a claim to your Medicare. Any co- pays, co-insurance amount will be billed to you after your claim is processed. If you have not met your deductible you will be responsible for those charges. | Commercial Insurance Payment is due at the time of service. Spectrios will submit a claim to your insurance. Any reimbursement goes directly to the patient. |
| Medicare or Commercial Insurance – HMO Make sure that you get the appropriate referral from your primary care physician/HMO prior to making your appointment. Without a referral from your primary physician your HMO will not provide coverage and all costs will be billed to you. | |

Affordable For Everyone:

- As a non-profit organization, no person who is visually impaired is denied services.
- Financial assistance may be available through grants, foundations and private donations for individuals who qualify. Please note that grants are for one calendar year and must be re-applied for every year.
 - Please call us for details: 630-690-7115 ext. 123.

9/ Forms

Please find the following forms attached:

- HIPAA Form
- Insurance Information
- No-Show Policy
- Medication List
- Release of Records
- Demographics



The Deicke House
219 E Cole Avenue
Wheaton, IL 60188
(630) 690-7115

HIPAA-ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Spectrios Institute for Low Vision's Notice of Privacy Practices.

Patient Name: _____

Signature: _____

Date: _____

I authorize the following person(s) to have access to my Spectrios Institute records

Name: _____

Name: _____

Medicare/Insurance Information

Please complete this information sheet and bring it with you. We use this information to bill your insurance for our services.

Please remember to bring your insurance cards with you to the appointment.

(Please Print)

Name _____

Date of Birth _____

Medicare Number _____

Is Medicare your primary insurance? YES NO

If Medicare is not your insurance, what is your primary insurance?

Please include name of carrier, Policy #, and **bring your ID Card**

Patient Status: Single Married Widow Other _____

Employed: YES NO

I understand that Spectrios Institute for Low Vision is a participating provider of services. Spectrios Institute will bill Medicare, Medicare supplemental insurance or commercial insurance carrier. I may be responsible for non-covered charges like deductibles, co-insurance amounts or non-covered charges.

****I will be billed for these non-covered charges after Medicare and my insurance carrier determines what is not covered under my plan. It is my responsibility to verify my coverage in advance of my visit. Patients are responsible for knowing their own insurance. ****

Signature _____ Date _____



Spectrios Institute for Low Vision

24 Hour Cancellation & “No Show” Policy

Spectrios Institute for Low Vision is a unique not-for-profit, registered 501(c)(3) organization. As one of few accredited low vision rehabilitation clinics in the Midwest, the waitlist to see our doctors is very long. Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, Spectrios Institute for Low Vision reserves the right to charge a fee of \$50.00 for all missed appointments (“no shows”) and appointments which are not cancelled with a 24-hour advance notice.

“The Cancellation / No Show” fees will be billed to the patient. This fee is not covered by insurance, and must be paid prior to, or at the time of your next appointment.

Thank you for your understanding and cooperation as we strive to best serve the needs of all our patients.

By signing below, you acknowledge that you have received this notice and understand this policy

Printed Name

Date

Signature

**SPECTRIOS INSTITUTE FOR LOW VISION
ABN (Advanced Beneficiary Notice) Instructions**

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We know that Medicare does not pay for ***any type of refractive services, non-optical and optical devices (i.e. magnifiers, telescopes and reading spectacles), electronic magnification devices, and any type of testing for driving purposes, including visual field testing for driving.***

Reason: This is because Medicare and other insurances exclude coverage for vision correction, vision rehabilitation devices and related services. Driving related assessments are not covered because driving is not considered medically necessary. For these reasons, you will have to pay for these services at the time the services is provided.

The costs of the services not covered by Medicare/Insurance are as follows:

| | |
|--------------------------------------------|----------|
| • Complex Vision Rehabilitation Refraction | \$75.00 |
| • Driving Assessment | \$265.00 |
| • Driving Fields Only | \$55.00 |

What you need to do now:

- Read the attached notice, so you can make an informed decision about your options.
- By selecting option 1 on the form, this allows us to submit to Medicare, and if denied allows you to contest the Medicare ruling.
- Please note, the costs listed above are out-of-pocket fees not covered by Medicare or other insurance plans.

Please read and sign the Medicare Advanced Beneficiary Notice of Non-coverage (ABN) form which we are required to provide you.

Notifier: Spectrios Institute for Low Vision, 219 E. Cole Ave., Wheaton, IL 60187 P: 630/690-7115

Patient Name:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for services below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **services** below.

| Services | Reason Medicare May Not Pay: | Estimated Cost |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------|
| Complex vision rehabilitation refraction | Medicare and other insurances exclude coverage for vision correction, vision rehabilitation devices and related services. | \$75.00 |

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **services** listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

OPTIONS: Check only one box. We cannot choose a box for you.

- **OPTION 1.** I want the **services** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- **OPTION 2.** I want the **services** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
- **OPTION 3.** I don't want the **services** listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You may ask to receive a copy.

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.



Spectrios Institute for Low Vision
219 E. Cole Avenue
Wheaton, IL 60187
(630) 690-7115

Release of Records Request
Phone: 630-690-7115 ext 123
Fax: 630-690-9037 attn: Patient Services

PLEASE PRINT ALL INFORMATION CLEARLY

Thank you for referring to Spectrios Institute.
Please provide the information below.
We will send you a visit summary after the patient has been seen.

| |
|---------------------------|
| Date: _____ |
| Facility: _____ |
| Referring Provider: _____ |
| Phone: _____ |
| Fax: _____ |

Patient Name: _____ DOB: _____

Signature _____

Address: _____

Insurance Plan Name: _____

ID# _____ Group# _____

HMO: Y/N (if yes, please include authorization)

**Diagnosis/Reason for Referral: _____

Visual acuities: _____

*Please forward progress notes and most recent visual field and fundus photos***

Date:

Spectrios Institute for Low Vision

Spectrios Institute for Low Vision is a **non-profit organization**. 60% of our operating costs depend upon grants, foundations and personal donations. **Many grantors require us to provide information about ethnic background and level of income for the people we serve.** Please help us by completing the following information.

No name is necessary and all information is confidential

| | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| One person family – annual income is: | <input type="checkbox"/> 0 - \$17,800 <input type="checkbox"/> \$17,801 - \$29,650 <input type="checkbox"/> \$29,651 - \$35,580 <input type="checkbox"/> \$35,581 - \$47,400 <input type="checkbox"/> Over \$47,401 |
| Two person family – annual income is: | <input type="checkbox"/> 0 - \$20,350 <input type="checkbox"/> \$20,351 - \$33,850 <input type="checkbox"/> \$33,851 - \$40,620 <input type="checkbox"/> \$40,621 - \$54,200 <input type="checkbox"/> Over \$54,201 |
| Three person family – annual income is: | <input type="checkbox"/> 0 - \$22,900 <input type="checkbox"/> \$22,901 - \$38,100 <input type="checkbox"/> \$38,101 - \$45,720 <input type="checkbox"/> \$45,721 - \$60,950 <input type="checkbox"/> Over \$60,951 |
| Family with more than 4 persons - List number _____ List Annual Income\$_____ | |

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------|
| ETHNICITY/RACE: (Check all that apply) | |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino and other race | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black/African American and White (write in other race) | <input type="checkbox"/> Other Race: |

Effective July 1, 2018