



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.

	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.
	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.
	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.

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:

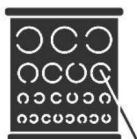
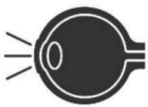
- We are located south of Geneva Road and Main Street, on the east side of Main
- Enter the parking lot from Cole Avenue
- We are located in the yellow house in the same parking lot as the Wheaton Eye Clinic



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	
 Functional Goals Your low vision doctor will assess your visual needs, help you set visual goals and provide education to understand your diagnosis.	 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.
 Visual Fields This test measures how much vision you have and finds any central or peripheral vision loss.	 Low Vision Refraction We determine the right prescription for glasses, and optical devices like magnifiers and telescopes to improve and maximize your vision.
Potential Additional Assessments	
 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.	 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

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:

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.
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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 Medicare, Medicare Advantage PPO plans, BCBS PPO commercial insurance, and UHC PPO commercial insurance. We also accept some HMO plans through UHC only. Please call us with any questions about insurances we accept.

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.

Spectrios will submit all claims to any accepted insurance. Any co-pays or co-insurance amounts will be billed to you after your claim is processed. If you have not met your deductible, you will be responsible for those charges as well.

Affordable For Everyone:

- As a non-profit organization, no person who is visually impaired is denied services.
- Self-pay discount is available if you do not have insurance coverage or we do not accept your insurance plan.
 - Discount applies to professional services only (minus refraction).
 - Payment must be made in full on the day of service to receive discounts.
- Financial assistance may be available through grants, foundations and private donations for individuals who qualify.
 - 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
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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.

Patient name:

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

Advance Beneficiary Notice of Non-coverage (ABN)

Medicare doesn't pay for everything, even some care you or your health care provider think you need. **We expect Medicare may not pay for the item, test, service or care listed below.** If Medicare doesn't pay, you may have to pay.

Item, test, service or care	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 to do now

- Read this notice to make an informed decision about your care.
- Ask any questions you have.
- Choose one option below to let us know if you still want to get the item, test, service or care.

Choose ONE option below. We can't choose for you.

If you choose Option 1 or 2, we may help you use any other insurance you might have, but Medicare can't require us to do this.

- ☐ **Option 1: I want the item, test, service or care listed above, and I want Medicare to be billed for an official decision on payment, which I'll get on a Medicare Summary Notice (MSN).** You can ask to be paid now. I understand that if Medicare doesn't pay, I'm responsible to pay, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you'll refund any payments I made to you, minus co-pays or deductibles.
- ☐ **Option 2: I want the item, test, service or care listed above, but don't bill Medicare.** You can ask to be paid now and I'm responsible to pay. I understand that I can't appeal, since Medicare isn't billed.
- ☐ **Option 3: I don't want the item, test, service or care listed above.** I understand I'm not responsible for payment and I can't appeal to see if Medicare would pay.

Additional information:

This notice gives our opinion, not an official Medicare decision. For other questions about this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Signing below means you received and understand this notice. You can ask to get a copy.

Signature	Date (mm/dd/yyyy)
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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).

PRA Disclosure Statement: 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. This information collection is for providers, suppliers, Hospice and Religious Non-medical HealthCare Institutes and Home Health Agencies to notify original Medicare beneficiaries of their potential financial liability under specific conditions. The time required to complete this information collection is estimated to average less than 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under Section 1879 of the Social Security Act, 42 CFR 411.404(b) and (c) and 411.408(d)(2) and (f). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

SPECTRIOS INSTITUTE PATIENT MEDICATIONS LIST

Patient Name: _____ Date: _____

Please provide a list of all medications you take including over the counter drugs, supplements and ocular medication/drops		
Name the Drug	Strength	Frequency Taken
Allergies to Medications		



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

ETHNICITY/RACE: (Check all that apply)	
☐ White/Caucasian	☐ Asian
☐ Hispanic/Latino	☐ Asian and White
☐ African American	☐ Native Hawaiian/Other Pacific Islander
☐ Hispanic/Latino and other race	☐ American Indian/Alaskan Native
☐ Black/African American and White (write in other race)	☐ Other Race:

Effective July 1, 2018