

## Statement of Medicare Authorization

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Insight Ophthalmology, PLLC for any services provided to me by the physician. I authorize any holder of medical information about me released to the Center for Medicare and Medicaid Services and its agents any information needed to determine these benefits payable to related services.

I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If other health insurance coverage is indicated in item 9 of the CMS 1500 claim form or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes release of the information to the insurer or agency shown. In Medicare assigned cases, the physician or Insight Ophthalmology, PLLC agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and non-covered services. Coinsurance and deductible are based upon the charge determination of the Medicare carrier.

## Consent to Obtain Medical History, Prescribe, E-Prescribe, and Text Message

I hereby authorize **Luna Xu, MD** and/or such assistants as may be designated by her to obtain historical and eligibility data from various public and private sources including, but not limited to, insurance claims data, pharmacy data and prior treating physicians. The information may be necessary to properly diagnose my condition or to determine my eligibility for treatment. Additional consents may be required by the aforementioned sources in order to release this information. **Dr Luna Xu** and/or such assistants as may be designated by her may utilize third party business associates for obtaining historical and eligibility data.

I hereby authorize **Luna Xu, MD** to prescribe medications and/or transmit prescriptions electronically to the pharmacy that I delegate as my primary pharmacy provider.

I agree to receive SMS text messages from Insight Ophthalmology, PLLC. Message and data rates may apply. I may text Insight Ophthalmology, PLLC at any time to opt out of receiving SMS text messages.

## Information Regarding Dilating Eye Drops

Dilating drops are used to dilate or enlarge the pupils of the eye to allow the ophthalmologist to get a better view of the inside of your eye. Dilating drops frequently blur vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for your ophthalmologist to predict how much your vision will be affected. If you do not feel comfortable driving, please make arrangements not to drive yourself.

Adverse reactions, such as acute angle-closure glaucoma, may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention. I hereby authorize **Luna Xu, MD** and/or such assistants as may be designated by her to administer dilating eye drops. The eye drops are necessary to diagnose my condition.

## 医疗保险授权声明

对于医生向我提供的任何服务，我请求向我或代表我向 **Insight Ophthalmology, PLLC** 支付授权的 **Medicare** 保险福利。我授权任何有关我的医疗信息的持有者向医疗保险和医疗补助服务中心及其代理发布确定这些应付给相关服务的福利所需的任何信息。

我了解我的签名代表要求付款并授权发布支有关付索赔所需的医疗信息。如果 **CMS 1500** 索赔表的第 9 项或其他批准的索赔表或以电子方式提交的索赔表中的其他地方注明了其他健康保险承保范围，则我的签名授权向所显示的保险公司或机构发布信息。在 **Medicare** 指定的病例中，医生或 **Insight Ophthalmology, PLLC** 同意接受 **Medicare** 承运人的收费确定作为全额费用，患者仅负责免赔额、共同保险和未承保的服务。共同保险和免赔额基于 **Medicare** 的收费决定为准。

## 同意获取病史、处方、电子处方和短信

我授权 **Luna Xu, MD** 和/或她的助理，从各种公共和私人来源获取历史和资格数据，包括但不限于保险索赔数据、药房数据和先前治疗的医生。这些信息可能是正确诊断我的病情或确定我是否有资格接受治疗所必需的。为了发布此信息，上述来源可能需要额外的同意。**Dr Luna Xu** 和/或她指定的助理可以利用第三方来获取历史和资格数据。

我特此授权 **Luna Xu, MD** 开药和/或以电子方式将处方传输到我委托作为我的主要药房提供者的药房。

我同意接收来自 **Insight Ophthalmology, PLLC** 的 **SMS** 短信。消息和数据速率可能适用。我可以随时向 **Insight Ophthalmology, PLLC** 发送短信以选择不接收 **SMS** 短信。

## 有关散瞳眼水的信息

散瞳药水用于扩张或放大眼睛的瞳孔，以便眼科医生能够更好地观察您眼睛的内部。散瞳药水经常会在一段时间内模糊视力，具体时间因人而异，并且可能会使人对明亮的灯光敏感。您的眼科医生无法预测您的视力会受到多大影响。如果您觉得驾驶不舒服，请自行安排其他交通方式，以方便自己不用开车。

不良反应：例如急性闭角型青光眼，可能是由散瞳眼药水引发的。这种情况极为罕见，可以通过立即就医治疗。我特此授权 **Luna Xu, MD** 和/或她的助理使用眼药水。散瞳眼药水是诊断我的病情所需的一部分。