

Charles Bittel III, O.D., Inc.

Advanced Beneficiary Notice

(OPTOS Digital Retinal Imaging – Screening)

Name: _____ Date: _____

Charles Bittel III, O.D., Inc., utilizes a digital retinal imaging camera (OPTOS) for comprehensive retinal screenings during well-vision examinations. This technology has been adopted as a minimum standard of care by Dr. Bittel and his associates. The fee for the screening retinal images is \$39.00 and is generally not covered by any medical insurance or vision plan at this time (a few vision plans offer the well-vision digital retinal imaging screening for a small co-pay, we will advise you if this is the case with your vision plan).

INFORMATION ON SCREENING RETINAL IMAGING:

The OPTOS digital retinal imaging system is a screening tool for early detection of disease or abnormalities of the posterior segment of the eye. Its application is in the context of preventative medicine and wellness.

Routine, undilated, retinal exams provide only a limited, narrow-field view of the retina (typically up to about 45 degrees or 5% of the retina). So these exams can miss diseases or conditions that may be present in the periphery of the retina. The OPTOS provides a wide-field view of the retina (up to 200 degrees or about 82% of the retina).

The view provided by the OPTOS is comparable to a dilated eye exam. The benefits of the OPTOS over dilation for screening purposes are that there are no lingering side effects from OPTOS images, and the OPTOS images provide a digital record of your retinal images that can be referenced in the future. Dilation is, however, covered as a part of your well-vision exam.

Dr. Bittel and his associates recommend baseline retinal images for patients of all ages. The frequency with which you should have screening images repeated will be discussed after the baseline images are viewed. If you have certain medical conditions, such as diabetes, it will be recommended that you have either retinal images or dilation every year.

_____ I understand my out of pocket expense for the OPTOS digital retinal screening is \$ 39 and wish to proceed with this part of the exam.

_____ I have read and understand the benefits of the OPTOS digital retinal screening, but decline to have this test done at this time.

Signature (Patient or Guardian): _____

Date: _____