

RETINA CARE CENTER, P.C.

JONATHAN M. BAROFSKY, M.D., F.A.C.S.

Parkway Seventy Plaza
1255 Route 70, Suite 31N
Lakewood, New Jersey 08701
PHONE (732)905-0004 FAX (732)905-3868
www.retinacarecenternj.com

PATIENT INFORMATION

Welcome to Retina Care Center. It is our goal to provide the finest care in a professional, courteous and effective manner. We hope this information will be helpful in answering some of your questions about our procedures and policies. You can print our New Patient forms from our website www.retinacarecenternj.com. We can also call and request that we mail you our forms if you do not have access to the internet.

NEW PATIENTS

Within our office, we provide a complete evaluation to diagnose your eye condition. Additionally, many of the treatments needed for these conditions are available at our facility. If possible, all evaluation and testing will be completed during this consultation. Patients should realize that the initial comprehensive evaluation, with or without treatment, could last anywhere from one to two hours.

First time patients should provide a thorough medical history, including all medications. Bringing eye drops may be helpful. You can print our NEW PATIENT forms from our website www.retinacarecenternj.com. Please complete these forms before your appointment. You can email the forms to us at frontdesk@retinacarenj.com, or mail them to us. You can bring the forms to your appointment, but it would speed up your appointment if you get them to us before you come to your appointment. At each visit, a vision test will be performed, followed by dilation of the pupils with eye drops. After a short wait, to allow your pupils to dilate, the doctor will examine you.

Depending upon the doctor's findings, additional testing may be required. Often these tests may be performed and interpreted during the same visit.

(Over)

WE SUGGEST THAT YOU BRING SOMEONE TO DRIVE YOU HOME SINCE YOUR EYES WILL REMAIN DILATED FOR SEVERAL HOURS AFTER THE EXAMINATION. Sunglasses may be helpful in reducing the glare and are available at the front desk when you leave.

PATIENT EDUCATION

Written information about the diseases of the retina and their treatment is provided for our patients. In addition, the physician and staff are available to answer your questions.

TELEPHONE CALLS

Emergency calls are covered 24 hours a day, 7 days a week. Trained office personnel are available 9:00 a.m. until 5:00 p.m. Monday – Thursday and 9:00 a.m. until 3:00 p.m. on Friday. When office personnel are not available, an answering service will receive your telephone call and forward the information to the doctor immediately.

FEES AND INSURANCE

We participate in most insurance companies. If you are a member of an HMO you may need a referral from your primary care physician. You may also have a co-pay due at the time of your visit. **PLEASE BRING YOUR INSURANCE CARDS WITH YOU.**

You can reach us at (732) 905-0004 for all questions. Our staff will be happy to assist you.

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info@retinacarenj.com

(Corner of Route 70 and Airport Road)

COVID-19 Information

During these stressful times, we want to reassure you that the health and safety of our patients, staff and the greater community are our number one priority. The COVID-19 recommendations are very fluid and have been changing daily. Thus far, we have provided direction according to CDC recommendations.

We are following the CDC Guidelines:

- Wearing face masks
- Washing hands frequently
- Avoiding touching eyes, nose and mouth
- Social Distancing
- Maintaining the 6-foot rule
- Cleaning & Disinfecting

We are also taking extra steps:

- Requiring all patients to wear a face mask to their appointment
- Requiring all patients to use hand sanitizer when entering office
- Requiring all patients to stand behind blue tape at the reception desk
- Have barriers up at reception area
- No touch, using bins at desk to put insurance or credit cards in
- Spaced out seating area as to follow social distancing
- Only taking check or credit cards at this time
- Taking patient temperatures and having them answer a questionnaire before their appointment

We ask that any companions that may have brought you to your appointment, stay in their car during your appointment as to keep in line with social distancing rules. If there are special circumstances please call the office ahead of time to make arrangements.

Scheduled Appointments

Our team will be reaching out to those who have scheduled appointments to thin out the schedule to follow social distancing rules and may slightly change your appointment day and time. If it is medically necessary and you are comfortable coming in, then we would like you to maintain your appointment.

If you are experiencing a fever, cough, sore throat, shortness of breath or any symptoms of a cold/upper respiratory virus, we will need to reschedule your appointment and we advise you to contact your primary care physician regarding your symptoms.

If you just returned from International travel (Level 3 and 4 countries such as China, Iran, Japan, South Korea, and European countries) or domestic travel to states with high numbers of infected patients, we ask you to stay home for 14 days. NOTE: These recommendations are subject to change. Please refer to the CDC for the latest recommendations.

<https://www.cdc.gov/>

**RETINA CARE CENTER
PATIENT REGISTRATION FORM**

TODAY'S DATE		RACE/ETHNICITY(for compliance)		SS#	
HOW DID YOU HEAR ABOUT US?			()M()F	DOB	AGE
PATIENT LAST NAME		FIRST	MI	MARITAL STATUS ()S ()M ()W ()D	
ADDRESS		CITY	STATE	ZIP	
EMAIL ADDRESS		HOME PHONE#	CELL PHONE#	WORK PHONE#	
EMPLOYED? () YES () NO	OCCUPATION	EMPLOYER NAME		EMPLOYER ADDRESS	
EMERGENCY CONTACT		RELATIONSHIP	PHONE#		
PRIMARY INS COMPANY		START DATE	SECONDARY INS COMPANY		START DATE
POLICY ID#	GROUP ID#	PHONE#	POLICY ID#	GROUP ID#	PHONE #
POLICY HOLDER		SS#	POLICY HOLDER		SS#
DOB		()M()F	DOB		()M()F
RELATIONSHIP TO PATIENT			RELATIONSHIP TO PATIENT		
WORKERS COMP () N/A					
HOW DID YOUR INJURY OCCUR? () WORK () MVA () OTHER		DATE OF INJURY		DOES YOUR EMPLOYER KNOW () YES () NO	
WORK COMP NAME		WORK COMP CLAIM ADDRESS		PHONE#	
EMPLOYER NAME		EMPLOYER ADDRESS		PHONE#	
CLAIM #		EMPLOYER POLICY #			
IF MVA, INS COMPANY NAME		ADDRESS		INJURY CLAIM #	
REFERRING PHYSICIAN			PRIMARY CARE PHYSICIAN		
ADDRESS			ADDRESS		
PHONE#			PHONE#		

Today's date: _____

Name (as listed on insurance card): _____ DOB: _____ AGE: _____

Gender M/F Other: _____ Preferred or Nick Name: _____

Medical Doctor (PCP) Dr: _____ Town: _____ Phone#: _____ Fax#: _____

Referring Doctor Dr.: _____ Town: _____ Phone#: _____ Fax#: _____

Eye doctor: _____ Last eye exam _____ Phone#: _____ Fax#: _____

Pharmacy Name: _____ Town: _____ Phone#: _____

Reason for today's visit:

Ocular History (circle all that apply):

- Cataract
- Diabetic retinopathy
- Dry Eyes
- Glaucoma
- Macular Degeneration
- Retinal Tear
- Other _____

Past EYE Surgeries (Please list with dates):

Surgery:	Date:	Surgery:	Date:
_____	_____	_____	_____
_____	_____	_____	_____

Medical History (circle all that apply):

- Arthritis
- Asthma
- Cancer
- Type? _____
- COPD
- Diabetes
- Heart Disease
- Hypertension
- HIV/AIDS
- High Cholesterol
- Kidney Disease
- Stroke
- Thyroid
- Other _____

Past MEDICAL Surgeries (Please list with dates):

Surgery:	Date:	Surgery:	Date:
_____	_____	_____	_____
_____	_____	_____	_____

Family History: (circle all that apply state Mother, Father, Grandparent, Sibling):

- Diabetes
- Hypertension
- Macular Degeneration
- Glaucoma
- Cancer (type): _____
- Other: _____

Social History: (Circle all that apply)

- Do you drink alcohol? YES NO
- Do you smoke? YES NO If YES, how much? _____ How many years? _____
- Other YES NO _____

List ALL medications presently taking including EYE DROPS:

Drug Name:	Dosage:	X per day:	Drug Name:	Dosage:	X per day:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List any allergies:

Signature _____ Date _____

**Retina Care Center, P.A.
Privacy Practices and Financial Agreement**

Name (*print*)

Date

NOTICE OF PRIVACY PRACTICES: The complete document that states Retina Care Center's Privacy Practices is available for you to read in full. It explains our commitment to maintaining the privacy of your private health care information. If you would like a copy we will provide it to you.

Please list persons to whom we can release your medical information:

DISCLOSURE OF PROTECTED HEALTH INFORMATION:

I hereby assign or transfer payment benefits made to me or on my behalf to Retina Care Center, P.C. for any services furnished to me by this physician/supplier. I further agree that I am responsible for payment of charges incurred by me that are outside of the scope of my insurance coverage or for which my insurance company has paid me.

I hereby authorize Retina Care Center, P.C. to release information acquired during the course of my examination or treatment to my referring physician or an appropriate insurance carrier. If a Medicare patient, I further authorize release to the Centers for Medicare & Medicaid Services and its agents any information needed to determine benefits payable for related services.

FINANCIAL AGREEMENT:

I agree that in return for the services provided to the patient by Retina Care Center P.A., I will pay my account at the time service is rendered or will make financial arrangements satisfactory to Retina Care Center for payment. If an account is sent to an attorney or a collection agency, I agree to pay collection expenses of up to \$50 or 20%, of the total balance, whichever is greater, upon placement with an attorney or collection agency because of an unpaid balance on my account. I understand and agree that if my account is delinquent, any benefits of any type under any policy of insurance insuring the patient, or any other party liable to the patient, is hereby assigned to Retina Care Center. If copayments and/or deductibles are designated by my insurance company or health plan, I agree to pay them to Retina Care Center.

RETURNED CHECK FEE: I also understand that if one of my checks are returned to Retina Care Center for "insufficient funds" I will have to pay a returned check fee of \$35 which will be added to my bill. However, it is understood that the undersigned and/or the patient are primarily responsible for the payment of my bill.

Signature of Authorized Party

Date

DIRECTIONS TO 1255 ROUTE 70 LAKEWOOD, NEW JERSEY

From West (Whiting, Manchester): Take Route 70 East. Pass Airport Road. Follow signs for Airport Road/MV Agency U-turn. Pass under Garden State Parkway. As you pass The Home Depot stay right and just pass Shorrock Street take the U-turn (Airport Road/MV Agency). Make a left turn onto Route 70 West. Go 0.8 miles and then turn right into Parkway 70 Plaza at corner of Airport Road and Route 70.

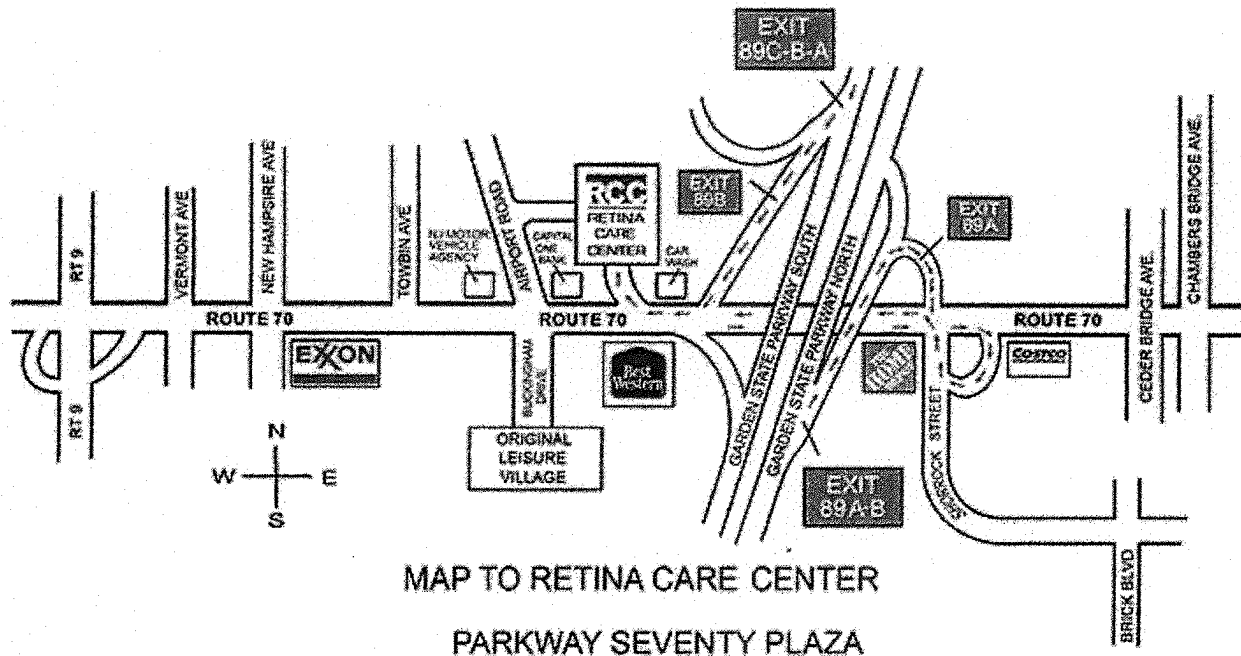
From North (Monmouth County): Take Garden State Parkway South to exit 89 C-B-A (Route 70, Lakewood, and Brick). Continue to exit 89 B-A (Route 70, Brick, and Lakehurst). Then continue to exit 89 B (Route 70 West, Lakehurst). Turn right off the ramp onto Route 70 West. Go 0.3 miles and turn right into Parkway 70 Plaza on corner of Airport Road and Route 70.

From South: Take Garden State Parkway North to Exit 89 A-B (Route 70, Brick, and Lakewood). Then continue to Exit 89A (Route 70, Brick, Lakehurst). Proceed around ramp and make a right turn onto Route 70 West. Go 0.8 miles and then turn right into Parkway 70 Plaza on the corner of Airport Road and Route 70.

From East (Brick, Point Pleasant, and Brielle): Take Route 70 West towards Lakewood. Pass under the Garden State Parkway, go an additional 0.5 miles and make a right turn into Parkway 70 Plaza at corner of Airport Road and Route 70.

From Route 9 (North or South): Get onto Route 70 East. Pass Airport Road. Follow signs for Airport Road/MV Agency U-turn. Pass under Garden State Parkway. As you pass The Home Depot stay right and just pass Shorrock Street take the U-turn (Airport Road/MV Agency). Make a left turn onto Route 70 West. Go 0.8 miles and then turn right into Parkway 70 Plaza at corner of Airport Road and Route 70.

From South (Toms River-alternate route): Take Route 37 to Route 166 (Route 9). Go North on Route 166 for 3/10 of a mile and bear right onto Old Freehold Road (just before Riverside Cemetery). Old Freehold Road changes into New Hampshire Avenue. Continue straight on New Hampshire Avenue. Turn right onto Route 70 (at Exxon). Take Route 70 East. Pass Airport Road. Follow signs for Airport Road/MV Agency U-turn. Pass under Garden State Parkway. As you pass The Home Depot stay right and just pass Shorrock Street take the U-turn (Airport Road/MV Agency). Make a left turn into Route 70 West. Go 0.8 miles and then turn right into Parkway 70 Plaza at corner of Airport Road and Route 70.



MAP TO RETINA CARE CENTER

**PARKWAY SEVENTY PLAZA
 1255 ROUTE 70
 SUITE 31 N (THIRD FLOOR)
 LAKEWOOD, N.J. 08701
 TEL: 732.905.0004**