



## St. Louis Pediatric Associates, Inc. Ocular Photo Screening Waiver

Dear Parent:

Our goal here at St. Louis Pediatric Associates, Inc. is to provide the best care possible for your children, which includes making sure that their eyesight is normal.

To identify vision problems, our practice uses a machine called the Spot Vision Optical Photo Screener. This is an automated screening tool that takes infrared pictures of a child's eyes to look for the most common, treatable, conditions that affect vision: refractive errors (nearsightedness, farsightedness, unequal power and astigmatism), amblyopia (lazy eye), strabismus (crossed eyes), and anisocoria (pupil size anomalies).

This Photo Screener allows us to screen toddlers and preschoolers and identify, at a younger age, if your child requires the immediate attention of a vision care specialist. Based on the results that we obtain during the screening, we may refer your child to an eye specialist for further evaluation and testing.

**Automated screening does not replace a complete and comprehensive eye examination by an optometrist or ophthalmologist, nor can it detect all eye diseases or conditions.**

Most insurance companies cover the cost of this screening, however plans vary with all providers and this screening may not be a covered benefit. **ALL CHARGES WILL BE FILED WITH YOUR INSURANCE PROVIDER, BUT IF THEY ARE NOT COVERED FOR ANY REASON YOU WILL BE RESPONSIBLE FOR THE \$22 SCREENING FEE.**

- **Currently we know that United Healthcare (UHC) is not covering the cost of the automated photo screening. If you elect to have the screening conducted on your child you will be responsible to pay \$22 at the time of service. We will still file this claim with your insurance company and will issue a reimbursement if they pay the procedure.**
- In some cases, if you have separate vision insurance, they may pay for the test. We are happy to provide you with a receipt to submit to your vision insurance plan if you need one. **We will not file any claims to an individual's separate vision insurance plan.**

By checking **"YES"** below, you are electing to have your child screened and are accepting responsibility for payment of the fee for this screening, if your insurance does not cover it.

If your child does not already see a specialist for eye care, it is our recommendation that you elect this service to see if further care is needed. **PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:**

**YES**, I want to have automated screening performed on my child.

**NO**, I decline screening and will take my child to an optometrist or ophthalmologist for an eye exam.

**Child's Name (Please Print):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_