

Who is Billed?

Vision Benefit Plans

Diagnoses & Services billed to Vision Benefit Plans

- ✓ Myopia (near-sightedness)
- ✓ Hyperopia (far-sightedness)
- ✓ Astigmatism
- ✓ Presbyopia (difficulty with small print)
- ✓ Eyewear
- ✓ Ophthalmic Lenses
- ✓ Contact Lens Supply
- ✓ Contact Lens Fittings or Evaluations

Services

Vision Benefit Plans are considered the primary billing party for basic ocular-vision wellness exams only. A wellness exam includes refraction (*better 1, better 2*), a test done to determine a visual prescription and screening tests for ocular disease. The primary purpose of vision benefit examination is to measure your current visual status.

**** Depending on your individual vision benefit plan coverage, you may need to schedule your vision wellness visit to an alternate day if a medical concern needs to be addressed initially.*

Medical Insurance

Symptoms, Conditions & Diagnoses billed to Medical Insurance

Health Conditions

Diabetes
Hypertension
Headaches
Plaquenil Treatment

Vision Complaints

Blurred Vision
Double Vision
Floaters or Spots
Flashes
Vision Loss

Ocular Complaints

Red Eye (s)
Dry Eye
Eye Irritation
Lid Irritation
Allergies

Eye Health Conditions

Cataracts
Glaucoma or Suspect
Macular Degeneration
Retinal Disease
Corneal Disease

Medical Insurance is considered the primary billing party if you have any eye problems/symptoms or eye disease, new or established, or if you have any medical conditions such as diabetes or are undergoing medical treatment such as high risk medications that are known to cause eye problems that require evaluation and management.

Medical insurance is also primary for any diagnostic test(s) or procedure(s) deemed medically necessary by the doctor to manage and treat eye disease.

Patient Out-of-Pocket Expense

The patient or guarantor is responsible for the following:

- ✓ Specialist co-pay
- ✓ Annual Deductible
- ✓ Co-Insurance
- ✓ Non-covered Refraction

A Medical Insurance Card must be shown at each office visit.

Thank You!



Questions and Answers About Your Insurance

Q: What is the difference between Vision and Medical Insurance?

A: Vision insurance covers routine eye care services such as periodic eye examinations and refractive services (determining the prescription for eyewear.) Many vision plans will also offer benefits on materials. These benefits may take the form of an allowance towards materials and special services such as contact lens fittings and follow-ups. These benefits may also take the form of covered and non-covered ("out-of-pocket") items. Plans vary greatly and prior approval is sometimes required. Without exception, this type of coverage is limited in scope and frequency of benefits. We are obligated to collect all out-of-pocket expenses at time of service.

B: Medical insurance, on the other hand, covers medical eye care services such as eye emergencies and diseases, and evaluation and management visits of diseases or suspected diseases. Often, diagnostic tests such as digital imaging and visual field evaluations are covered as well. Medical insurance, however, never covers routine eye examinations or refractive services. Most insurance types have deductibles and co-pays associated with your coverage. If you do not know your deductible or copay, or whether or not you have met your deductible, we suggest that you contact your insurance company as we do not have access to detailed information. We are obligated to collect these fees at time of service. Eyewear materials are also not covered by medical insurance. Some types of insurance plans are closed to us as providers. In these cases, we will give you the documentation you need to seek your own reimbursement.

How do I know if I have either one?

You can help us work with your existing benefits by checking with your plan administrator or documentation to determine what kinds of insurance coverage you have before your visit. Please give us the information that you have when you make your appointments so that we can be prepared to help you.

Why do you not take my vision insurance?

Vision plans vary greatly in quality of benefits and materials. Some vision plans are closed to us as providers and are limited to select optical outlets. We choose to participate in plans that have good benefits and quality material options. Your eye care is very important to us and we choose not to be limited in our scope of care and options by insurance companies. We will always work to maintain that integrity and trust you have in us.

If you are not a provider for my medical or vision insurance, what can I do?

We will give you all the documentation that you need to seek reimbursement. We appreciate your loyalty to our practice. We will do our best to help you. However, as the beneficiary you can usually get better results from your carrier for out-of-network coverage.

Signature: _____