



UNDERSTANDING WHEN MEDICAL INSURANCE VS. VISION INSURANCE IS BILLED

Please be aware: Although you are seeing an eye doctor today, this does not guarantee that your vision insurance will be billed. If the eye doctor determines that your visit is related to a medical condition, we are required to bill your medical insurance instead. This is a guideline that we must follow and cannot make exceptions for. Unfortunately, we cannot determine in advance whether your visit will be classified as medical or routine until the doctor evaluates you and makes a diagnosis. By answering the questions below, we can get a better idea of whether your visit may be billed to your medical insurance plan. Please note: Vision plans cover routine eye exams only. If you have any questions or would like additional information, please ask the front desk.

Non-covered services due upon check-out:

DMV Visual Field: \$105.00 Forms Fee (all forms/paperwork the office fills out at the patient's request): \$25.00

The refraction charge is \$30.00 for this service. This is in addition to the office visit specialist copay and/or deductible which is set by your insurance carrier. The refraction is due at the time services are rendered. We will bill your insurance according to the individual contracted fee schedules. However, if your insurance pays the fee, we will gladly refund you this prepaid \$30.00 amount upon receiving notice from your insurance.

1. PLEASE CIRCLE ANY ISSUES YOU ARE CURRENTLY HAVING: *Helps determine medical or vision exam

- Itchy Eyes, Difficulty reading small print, Problems with glare, Dry Eyes, Double Vision, Watery Eyes, Floaters, Flashes of light, Swollen eye lids, Difficulty driving at night, Red Eyes, Headaches, Eye Pain, Change in vision, Eye Strain

2. DO YOU CURRENTLY WEAR CONTACT LENSES? NO YES ARE YOU INTERESTED IN LASIK? NO YES

Are you having problems wearing them? NO YES Are you interested in wearing contacts? NO YES

3. ARE YOU CURRENTLY TAKING ANY OF THE FOLLOWING MEDICATIONS?

PLAQUENIL (HYDROXYCHLOROQUINE) TOPAMAX (TOPIRIMATE) GILENYA (FINGOLIMOD)

4. HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING? * If yes today is likely a medical exam

GLAUCOMA CATARACTS DIABETES FAMILY HISTORY OF GLAUCOMA HIGH BLOOD PRESSURE

5. ARE YOU HERE TODAY FOR A MEDICAL OR ROUTINE VISIT? (Please circle one) MEDICAL ROUTINE

By signing below, I or my legal representative, certify I have read the previous document in its entirety. I acknowledge I was offered additional resources and explanations. I understand the contents and hereby agree to all terms and conditions set forth above and acknowledge receipt of a copy if requested.

PRINT SIGNATURE DATE