Insurance Acknowledgement

Medical Insurance is indicated for certain eye health visits (including but not limited to: diabetes, hypertension, cataracts, glaucoma, eye pain, headaches, eye injury, etc.).

- This type of exam is more in depth and different than your typical vision insurance examination.
    - This type of visit will be performed if your PCP has referred you for an exam due to any systemic conditions, if you are having eye problems other needing glasses or contact lenses, etc
- Examples:
    - Diabetes, Hypertension, Cholesterol, Thyroid, Arthritis, high risk medication use
    - Blurred vision due to ocular conditions / disease such as cataracts or retinal detachments
    - Dry, burning, itching, watering, or painful eyes
    - Injuries to ocular areas
- Medical insurance does **NOT** cover checking for prescriptions (refraction), glasses, or contact lenses. If a prescription for glasses is needed, the cost of a refraction is **$15**.
- If a prescription for contact lenses are needed, the cost will vary based on the type of lenses used.
- Optometry offices are considered **specialists**, your co-pay may not be the same as your PCP.
- As a courtesy, our office files your medical insurance for you. After processing, your insurance carrier will send us back an Explanation of Benefits (EOB) and may have additional costs you are responsible for: deductibles, co-insurance costs, or out of network fees and you may receive a statement from our office.

Vision Insurance only covers routine exams for glasses, contacts and inspection of internal and external eye health when there is **NO systemic or eye diseases**.

- Vision plans **DO** include the coverage of checking for prescriptions (refraction), and glasses OR contact lenses.
- Most vision plans will only cover benefits towards glasses OR contact lenses, but not both during each benefits period.
    - For almost all vision insurances, it is better to use benefits towards glasses, as the insurance will pay more overall than with contact lenses alone.

It is your responsibility to inform our staff of up-to-date insurance information at the time of your exam so that we may determine your coverage, and assist you in understanding your benefits. **If we do not have your insurance information at the time of your exam, you will be responsible for the full cost of services provided.

Signature: _____ Date: _____

Refraction Fees:
- Refraction = the process of determining a patient's clearest and most accurate prescription for glasses
  - This prescription is used to make distance, intermediate, near or any combination of glasses based on a patient's needs
  - The glasses prescription is not the same as a Contact Lens prescription
- **Fee = $15.00**
  - Covered by vision exams
  - NOT covered by medical exams

Contact Lens Fitting Fees:
- Contact Lens Fit = the process of determining a patient's contact lens prescription which includes the correct modality (monthly, biweekly, or daily), power, and brand parameters for the best vision, comfort, and health of the eye
  - Pricing varies based on type (single vision, toric, multifocal, or gas permeable)
  - Type will be determined during the examination
  - NOT covered by medical exams

Retinal Screening:
- Includes imaging of the most important areas in the back of the eye, the retina and the optic nerve. These two areas are where conditions such as macular degeneration, glaucoma and blood sugar / blood pressure damages typically affect.
- Helps prevent the need for dilation of your eyes
- The doctor will do a retinal assessment on these structures, however the imaging can pick up on microscopic changes **before** they show up on a normal eye exam check.
  - This helps us know about the risk for eye conditions earlier than ever before, **especially if you have any risk factors or family history.**
- **Fee = $39**

☐ I would like a new glasses prescription today

☐ I would like a new contact lens prescription today

☐ I would like a retinal screening performed

Signature:_____ Date: _____