

## **About Your Insurance**

There are two types of “insurance” you may have which will help pay for your eye care services and products. Our practice accepts both:

1. Vision care plans (such as VSP and EyeMed)
  2. Medical insurance (such as Blue Cross/Blue Shield and Medicare).
- Vision care plans are not true insurance, and cover only routine vision exams along with eyeglasses and contact lenses. Vision plans only cover a basic screening for eye disease. They do not cover diagnosis, management or treatment of eye diseases.
  - Medical insurance must be used if you have any eye health problem or systemic health problem that has ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by your case history.
  - If you have both types of plans it may be necessary for us to bill some services to one plan and other services to the other. We will use coordination of benefits to do this properly and to minimize your out-of-pocket expense.
  - We will bill your insurance plan for services if we are a participating provider for that plan. We will try to obtain advanced authorization of your insurance benefits so we can tell you what is covered. If some fees are not paid by your plan, we will bill you for any unpaid deductibles, co-pays or non-covered services as allowed by the insurance contract.

I have read and agree with these policies.

\_\_\_\_\_  
Patient signature (parent if child)

\_\_\_\_\_  
Date

Please provide your insurance cards to our staff member.

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OTHER SIDE**

## Refraction Charges

One of the most important parts of your eye exam today is the refraction. That is the part of the exam by which we determine whether you can be helped in any way by a new glasses prescription. It is also how we determine the best possible visual acuity and function of your eye, which is essential medical information for us to have as we assess your eyes and look for problems. While it is a precise and highly technical procedure, it is NOT a covered service by Medicare and many other insurance plans. These plans consider refraction a “vision” service not a “medical” service. Our office fee for refraction is \$34, and unless your plan automatically covers the refraction charge, this fee is collected at the time of service in addition to any co-payment your plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly.

*I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service and understand it is due at time of service. I understand that any co-payment, coinsurance or deductible I may have are separate from and not included in the refraction fee.*

Signature: \_\_\_\_\_

OR:

*I decline the refraction service today. I understand that without the refraction, Dr. Mitchell may not be able to fully assess the health and function of my eyes.*

Signature: \_\_\_\_\_

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