

Medical Exam Appointments

Routine vision exams have more to do with what most people think of as a classic eye exam. Routine vision exams are mainly to determine a prescription for glasses or contact lenses and for a routine evaluation of the health of the eyes in a healthy person.

This is not considered a medical exam, because it is not equipped to deal with and does not usually cover medical conditions and/or treatment plans.

Your eye doctor will determine your prescription by doing a refraction. A refraction is the part of a vision exam that determines your eyeglass prescription. The cost of a refraction at our office is \$49.

When a medical diagnosis or medical condition is present that affects your eyes such as high blood pressure, certain tumors, strokes, diabetes, cancer, glaucoma, macular degeneration, cataracts, corneal dystrophy, retinal detachments, etc., we must often file a claim with your medical insurance, and the **co-pays and deductibles for your medical insurance will apply**. Your vision plan does **not** cover these kinds of problems. These rules are determined by the insurance companies themselves and our office must comply with them.

There is often no way to know prior to your examination which type of insurance will be the right one to file your claim with. If we are on your insurance company's panel, we will file those claims for you and in the event that we do not accept your medical insurance or vision plan, you will be held responsible for any corresponding fees.

Based on the criteria above and the description of the reason you are here today, your exam may be billed through your medical insurance. If you need a new glasses prescription as well, you will be charged the above fee for a refraction today. If you would like to bill your vision insurance for the refraction fee, you will need to schedule a separate appointment.

Choose ONE of the following options:

- A.** I acknowledge that if I need a medical exam, my medical insurance will be billed.
- B.** I acknowledge that I need a medical exam and my medical insurance will be billed. I would like to return at a later date for a separate vision exam so my refraction will be billed to my vision insurance.
- C.** I acknowledge that I may need a medical exam for my vision based on a condition I already have, but I decline to have my medical insurance billed today. I will return at a later date for a medical exam, or I am seeking care for my medical needs from a different provider. I will only have the routine vision exam and prefer to use my vision insurance for today's visit.

I understand that I, the patient, am responsible for any cost of my exam today that are not covered by my medical insurance and I give permission to bill my medical insurance for any medical issues and medical testing that may arise.

Patient Name: _____ **Date:** _____

SIGNATURE: _____