

**ABOUT YOUR INSURANCE....**

**Wright Vision Care is a provider for many area HMOs and Vision Plans. Listed below are the major plans in which we participate. \*\* Please look them over and check the box of the plan(s) that you will be using. Most plans require that an ID card be presented prior to the examination to submit for reimbursement.**

- Alliance – ID card is required.** Some plans have a co-payment due at the completion of the exam. The portion not covered by insurance is the patient’s responsibility.
- Dean Care Gold – ID card is required.** There is no eyewear or contact lens coverage.
- Dean Health Plan – ID card is required. We are not a DeanCare “Focus” planned provider.** Some plans have a co-payment that is due at the completion of the exam. There is no eyewear or contact lens coverage.
- EyeMed – ID card is required.** Each EyeMed plan varies as to coverage. Knowledge of eligibility for service or materials is your responsibility. Co-payments are expected the day of service.
- Medicare – ID card is required.** Yearly deductible applies. Refraction fee (\$52.00) is not covered and will be expected at the completion of the exam. A portion of exam or office visit may be covered if there is a medical diagnosis. Please present your ID card(s) for any secondary/supplemental insurance to Medicare as well.
- Physicians Plus HMO – ID card is required.** Some plans have a co-payment which is due at the completion of the exam. There is no eyewear or contact lens coverage.
- Superior Vision – ID card is required.** Each Superior Vision plan varies as to coverage. Knowledge of eligibility for service or materials is the patient’s responsibility. Co-payments are expected the day of service.
- Unity – ID card is required.** Some plans have a co-payment which is due at the completion of the exam. No eyewear or contact lens coverage.
- VSP (Vision Service Plan) –** Each VSP plan varies as to coverage. Knowledge of eligibility for service or materials is the patient’s responsibility. Some plans have a co-payment for the exam and/or eye glasses or contact lenses. Glasses are required to be sent to a VSP laboratory and may take slightly longer than usual. Please be aware that we will ask for the Social Security number of the insured person so that we may retrieve current benefits for you.
- WPS – ID card is required.** Some plans have a co-payment which is due at the completion of the exam. **We are NOT providers for any prescription eyeglasses or contact lenses with WPS. If secondary to Medicare, the refraction portion of the visit is not covered and the patient is responsible for the \$52.00 fee at the time of service.**
- I have medical/vision coverage other than those listed above. Please specify below:  

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- I do not have a medical/vision insurance plan that Wright Vision Care participates in and understand that payment is my responsibility. Payment is expected the day of service. \*\***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\* For those insurance plans that we are not preferred providers, payment is due at the completion of the service. We will be happy to supply you with the necessary paperwork that you may submit yourself for possible direct reimbursement from your plan.**