



WELCOME TO OUR OFFICE!

121 S. CENTER AVE. • SOMERSET, PA 15501 • TEL. 814-445-4495
3887 ROUTE 30 • LATROBE, PA 15650 • TEL. 724-539-1900

PATIENT INFORMATION

LAST _____ STREET _____ HOME: _____
 FIRST _____ MI _____ CITY _____ WORK _____
 DOB _____ STATE _____ ZIP _____ CELL _____
 SSN _____ EMAIL _____

Primary Insurance Coverage Determination

****Medical Insurance** is considered the primary billing party if you have any eye problems/symptoms or eye disease, new or established, or if you have any medical conditions, such as diabetes, or are undergoing medical treatment, such as high risk medications, that are known to cause eye problems, that require evaluation and management. Medical insurance is also primary for any procedure(s) deemed medically necessary by the doctor to manage and treat current eye disease. The patient or guarantor is responsible for the specialist co-pay and any co-insurance and/or deductible the patient's medical insurance requires. We do not inquire about the aforementioned financial agreement between the insured party and insurance company; it is the responsibility of the insured party to be familiar with their contract.

Vision Benefit Plans may be utilized for basic ocular-vision wellness exams, which include screening tests for ocular disease and refraction. The primary purpose of a vision benefit examination is to measure your current visual status. Medical eye health concerns will be addressed initially, if indicated, and a wellness exam may need to be rescheduled to coordinate benefits.

Refraction Policy

A refraction is an important test to determine the eye's refractive error or best corrected visual acuity and helps determine the cause for reduced vision, either refractive or disease. Your medical insurance may be billed for this procedure, excluding Medicare, and then forwarded to your vision benefit plan, if allowed, for coverage, but ultimately it is the financial responsibility of the patient if it's determined to be a *non-covered service*. Our office fee for refraction is \$25 and is in addition to any medical co-pay, co-insurance or deductible to be collected for the date of service.

Billing Process

Using the information you have supplied us, including insurance cards & the primary insured's information, your insurance will be billed on your behalf with insurance benefits paid to The Eyeglass Shoppe. After receipt of payment and/or denial as itemized on the insurance "explanation of benefits", if necessary, you will be billed in accordance with your insurance contract for any applicable co-pay, co-insurance or deductible. Please make all payments within 30 days of receipt of your statement. Returned checks will incur a \$20 fee and will automatically be applied to your account.

I have read, understand and agree to the above Financial Policy, I understand that charges not covered by my insurance, including applicable co-pays, co-insurance, deductible & non-covered refraction, are my responsibility. I acknowledge that I have had the opportunity to review the Notice of Privacy Practices of The Eyeglass Shoppe.

Date

Signature (Patient or Guarantor)