



EYECARE *of* VERMONT

Understanding Your Insurance

Thank you for choosing EyeCare of Vermont as your provider for eye health and wellness! Before you begin your exam it is important to understand how insurance may cover your visit. There are two types of health insurance plans that cover optical services and materials. You may be eligible for both types, so please review this document to better understand your options. Be sure to address any questions with our knowledgeable staff.

- Routine vision plans (EyeMed, VSP, etc.) only cover services related to the management of imperfect vision and general wellness checks. They may cover materials such as prescription eyeglasses or contact lenses. These plans do not cover medical exams or services.
- Medical insurance plans (Blue Cross Blue Shield, Cigna, Medicare, MVP, etc.) cover services related to the diagnosis, management, or treatment of eye-related medical conditions. Those conditions include but are not limited to cataracts, diabetes, eye injuries, glaucoma, and macular degeneration.
- In some cases it may be necessary to bill some services to your routine vision plan and others to your medical insurance plan. We use a process called Coordination of Benefits to minimize your out of pocket expenses.
- You are ultimately responsible for any costs incurred from your care. After applicable insurance claims have been processed, you may receive bills related to co-payments, co-insurance, non-covered services, denied claims, or deductibles.
- You must provide any applicable insurance information to EyeCare of Vermont prior to services being rendered. Insurance eligibility is not a guarantee of payment. Specific questions or disputes related to eligibility and coverage should be directed to your insurance carrier.

Patient Name: _____ DOB: _____

Signature: _____ Date: _____