

Vision Benefits Vs. Medical Insurance

We are required by law to follow proper coding and billing guidelines for eye examinations. Our office does not make these rules; they are defined by the insurance carriers. To avoid confusion and misunderstanding please read and sign the following:

We often have patients that carry both medical insurance and vision benefits. These types of insurance are very different in terms of the services covered and it's important for our patients to understand those differences. Your vision plan provides you a "routine" examination which assumes healthy eyes that only have the problems of nearsightedness, farsightedness, astigmatism and presbyopia.

Medical insurance allows us to provide a comprehensive examination of the eye. If there is a medical diagnosis determined today, your medical insurance **WILL** be used. Your medical insurance will not pay for vision problems and your vision plan will not pay for medical problems. Often this cannot be determined until completion of the exam. **Your vision plan will only pay for the exam if there is nothing wrong with the health of your eyes.** Dry eyes, red eyes, blepharitis, allergies, elevated eye pressures, contact lens complications, cataract, floaters, optic nerve disorders, retinal problems, diabetes and anytime the doctor has to write a prescription for medicine is assessed medically.

In the event that we do not take your medical or vision plans we will provide you with an itemized receipt so that you can file with your carrier for reimbursement. I understand and have read the paragraphs above and authorize Renee Tomes Dunlap, OD, PLLC to file with my appropriate insurance carrier as determined by my final diagnosis.

I understand that my medical insurance will cover professional services and tests. _____ initial here

I understand that I am responsible for my copay or unmet deductible at today's visit. _____ initial here

I understand that my vision plan will provide an allowance for glasses or contact lenses. _____ initial here

Payment Policy: I am responsible for any amount not covered or paid for by my insurance for services and materials provided today. Full payment is expected within 30 days of such notice from the date the final bill was mailed. I am responsible for all accounting, late fees and collection costs in the event of non-payment. If a credit card was used to pay for services initially, you agree to allow us to charge that credit card for any unpaid balances. _____ initial here

Assignment of Benefits: I hereby authorize my insurance benefits to be paid directly to Renee Tomes Dunlap, OD, PLLC. I further authorize release of any medical records or information necessary to process this claim. _____ initial here

(Name)

(Signature)

(Date)

Please feel free to ask us any additional questions regarding insurance prior to your examination.