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OPTOMETRIST

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Medical vs. Vision

Routine Eye Exams vs. Medical Eye Exams
Please Read Before your Eye Examination

Regular eye examinations are essential to maintain your vision. It is important for you to be aware of your insurance benefits and how they apply to your visit, so you will know how billing will be handled. Benefits may vary based upon the reason for your visit. Your description of your eye condition will help us to determine whether your visit to the clinic is defined as "Routine" or "Medical". Your symptoms and eye examination findings will determine how your visit is coded and billed to your insurance.

Routine Eye Examinations: A routine eye exam takes place when you come in for an eye examination without any medical eye problems or complaints. The doctor screens for eye diseases and checks your prescription.

Medical Eye Examinations: Exams for medical care, which include evaluation of a medical related complaint or follow up of an existing condition, are examples of eye examinations that would be billed to medical insurance. Examples that will require your visit being submitted as a medical exam include diabetes, dry eyes, glaucoma, floaters, cataract, macular degeneration and others.

If you report symptoms during your visit related to an eye problem, disease or injury, or the doctor determines that your problem falls under the category of a medical eye examination, your visit will be billed as a medical exam. These charges will be subject to co-pays and deductibles according to your insurance plan.

In summary, how your eye exam will be submitted to your insurance carrier will depend not only on what you tell the doctor, but also what the doctor finds upon examination. A more detailed description of routine vs. medical eye examinations is available upon request.

Appointments

- 1) We value the time you/we have set aside to take care of your vision and eye health. If you are not able to keep an appointment, we would appreciate at least 24 hour notice.
- 2) If you are late for your appointment (10 minutes or less), we will do our best to accommodate you. However, on certain days, or if you are over 10 minutes late for your appointment it may be necessary to reschedule your appointment.
- 3) We strive to minimize wait time; however, emergencies do occur and may affect scheduled visit times. We appreciate your understanding.

Financial Policy

Insurance Plans

- 1) It is your responsibility to keep us updated with your correct insurance information. Insurance cards should be available to be scanned at every visit.
- 2) It is your responsibility to understand your benefit plan with regard to covered services.

Optical and Eyeglasses

- 1) Orders for eyeglasses require half down to process the order.
- 2) Your vision insurance plan may be billed by us, but the patient balance must be paid in full before eyeglasses can be dispensed.
- 3) Glasses not picked up within 90 days will be returned.

Contact Lenses

- 1) There is a separate charge for a contact lens evaluation/fitting in addition to the exam charge. Some vision insurances cover the cost of an annual contact lens evaluation, but you will need to know your coverage.
- 2) Orders for contact lenses require half down to process the order. Your vision insurance plan may be billed by us, but the patient balance including the contact lens evaluation must be paid in full before contact lenses can be dispensed.
- 3) Contact lens prescription checks after 6 months will be billed the standard evaluation fee.

Financial Responsibility

- 1) If insurance is not being billed for services, payment in full is due at the time of service.
- 2) Insurance co-pays are due at the time of service.
- 3) We can not guarantee payment from your insurance company, but we will gladly submit your exam for you. You will receive a statement for your balance due after your insurance company pays its portion.
- 4) You are responsible for non covered services (services not covered by your insurance plan). For example, refraction for glasses is a non covered service with medical insurance.
- 5) Big Sky Eye Care Savings Plan purchases must be paid for at the time of service.
- 6) Balances not paid within 30 days will accrue interest at the rate of 1.25% each billing cycle.
- 7) Balances outstanding longer than 90 days will be forwarded to a collection agency.
- 8) For scheduled appointments, outstanding balances must be paid prior to the visit.
- 9) We accept cash, check, Care Credit, Visa, MasterCard, Discover, and American Express.
- 10) A \$20.00 fee will be applied to your account for any returned checks.

I understand that in the event any unpaid balance is placed for collections with any third-party collection agency, a fee of 25% of the unpaid balance will be added to the total amount due. This amount shall be in addition to any other costs incurred directly or indirectly to collect amounts owed under this agreement, such as court costs, attorney fees, late fees, and any other fees, so stated elsewhere. The authorized fee of 25% and the additional costs and charges listed above represent the actual costs incurred by Big Sky Eye Care Clinic & Optical, PC to collect amounts owed under this agreement and a corresponding decrease in expected revenue resulting from this signer's failure to pay as specified in this agreement.

I have read and understand the office/financial policy for Big Sky Eye Care, and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Patient's Name: _____ Signature of Patient or Guardian: _____
(Please Print)

Date: _____