

Insurance Notification/Fees

To Our Patients:

When you are covered by an insurance plan with which we participate, we will submit a claim for payment on your behalf to your insurance provider for services rendered to you.

- **Refraction Fee:** Medicare and most major medical plans without routine vision coverage may deny payment for any services rendered in the absence of actual disease. Also most major medical insurances will not pay for the refraction fee. The refraction is the portion of the eye examination that determines your eyeglass prescription. When the refraction is necessary during your examination, the fee for this service is \$55.00.
- **Contact Lens Evaluation/Fitting Fees:** These fees are also rarely covered by Medicare or any of the other major medical plans. They are not considered as part of the comprehensive examination and the fee for this service is the responsibility of the patient. The fee for these services will be determined by the level of service rendered by the provider. Unfortunately we will not be able to provide you with contact lenses or a prescription for contact lenses without have a contact lens evaluation or examination.
- **Screening Photography Fee:** The screening photos allow the doctor to check the health of your retina without dilation. There will be a \$45.00 charge for these photos unless you request to be dilated. If you have any questions, our Technicians will be more than happy to discuss them with you. Please notify the Technician if you would like to opt out of the photos.
- **Retinal Optical Coherence Tomography Fee:** A wellness OCT scan is used for early detection of macula degeneration and glaucoma. There will be a charge of \$35.00 for this scan which medical insurances do not cover so it will be the responsibility of the patient. For the most thorough screening, we recommend both a retinal photo and wellness OCT for a combined fee of \$59.00.
- **Vision Plans:** such as VSP, Eyemed and/or vision rider programs provide coverage for routine comprehensive examinations. Exams with a medical diagnosis may be covered by your medical insurance.

Upon registration at the front desk with the reception staff, please be sure to provide us with accurate, current, and up to date insurance/guarantor information, both for Vision Plans and/or Major Medical Plan Coverage. Also if your insurance has changed, please let us know as soon as possible, so that we can update and keep your medical records current. Thank you.

I hereby authorize Rye Eye Care to furnish insurance carriers any information concerning my condition and treatments and I hereby assign Rye Eye Care all payments for services rendered to my dependents and/or myself. **I understand that I am responsible for any amounts not covered by my insurance providers.**

Print Patient Name

Signature of Parent or Patient

Today's Date