

Your Eye Care: Insurance, Fees and Payment

Your eyesight and the health of your eyes are very important. Often eye disease can occur without any symptoms. Because of this, we recommend regular eye exams for all our patients.

Healthy eyes require a Routine Vision Exam every 1-2 years. This exam will screen for eye disease and provide measurements for glasses and/or contact lenses. This is a cash pay exam not covered by most medical insurance plans.

Medical conditions such as glaucoma, cataracts and diabetes (see below) require more frequent exams as prescribed by your doctor. These Medical Eye Exams are generally covered under your medical insurance. Some other eye conditions may also be covered by your medical insurance. Any co-payment required along with the \$35 refraction fee is due at the time of service.

You will receive excellent eye care regardless of the type of exam. If you are scheduled for a Routine Vision Exam and a medical condition is discovered during your exam, we will make a follow-up appointment to monitor your medical condition with any required testing. Although your initial visit must be charged to you as a Routine Vision Exam, this next visit will be billed to your medical insurance as a Medical Eye Exam. This is because Medicare and insurance determine reimbursement for your exam based on why you are visiting rather than what is found during the exam.

Today you are here for: (please initial and date one choice)

<p>_____</p>	<p>Routine Vision Exam</p> <ul style="list-style-type: none"> • Exam will not be billed to insurance • My portion is \$150 new patient/\$130 previous patient including refraction. If required there is a separate contact lens evaluation fee of \$40-\$150 depending on the complexity of the contact lens fit and the number of follow-up visits. <ul style="list-style-type: none"> <input type="checkbox"/> I have routine coverage under my medical plan. Please bill my medical insurance. <p>Routine Vision Problems</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Myopia (nearsightedness) • Hyperopia(farsightedness) </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Presbyopia (bifocal age) • Astigmatism </td> </tr> </table>	<ul style="list-style-type: none"> • Myopia (nearsightedness) • Hyperopia(farsightedness) 	<ul style="list-style-type: none"> • Presbyopia (bifocal age) • Astigmatism
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<p>_____</p>	<p>Medical Eye Exam (Please circle reason below)</p> <ul style="list-style-type: none"> • Exam will be billed to insurance • My portion is my specialist copay and \$35 refraction fee. If required there is a separate contact lens evaluation fee of \$40-\$150 depending on the complexity of the contact lens fit and the number of follow-up visits. <p>Circle Reason for Medical Eye Exam</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Cataracts • Glaucoma • Chronic Dry Eye • Strabismus • Macular Degeneration • Diabetes • Conjunctivitis </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Sudden Loss of Vision • Iritis • Ptosis • Chalazion • Trichiasis • Foreign Body • Other _____ </td> </tr> </table>	<ul style="list-style-type: none"> • Cataracts • Glaucoma • Chronic Dry Eye • Strabismus • Macular Degeneration • Diabetes • Conjunctivitis 	<ul style="list-style-type: none"> • Sudden Loss of Vision • Iritis • Ptosis • Chalazion • Trichiasis • Foreign Body • Other _____
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