

Routine Eye Exams, Medical Eye Exams, and Refractions

Please Read Before Your Eye Examination

Regular eye examinations are important to maintain your vision for your lifetime. It is important that you be aware of your insurance benefits and how they apply to your visit, so you will know how billing will be handled. Ultimately, it is your responsibility to know what your own medical or vision plan covers. We hope this information will help you to understand how your visit is submitted to your insurance for today's visit and future visits.

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 will determine how your visit is coded and billed to your insurance.

- **Routine Eye Examinations** A "routine eye exam" takes place when you come for an eye examination without any medical eye problem, and there are no symptoms except for visual changes that can be corrected by eyeglasses or contact lenses. The doctor screens the eyes for disease and finds no medical problems. Glasses and contact lens prescriptions may be updated.
- **Medical Eye Examinations** Your visit will be coded as a "medical eye examination" whenever you are being evaluated or treated for a medical condition or symptom that you bring up, eye problems you tell our staff about, or a condition that the doctor is following with the examination. Examples that will necessitate your visit being submitted to your medical insurance include headache, diabetes mellitus, eye irritation, dry eyes, allergies, floaters, contact lens intolerance, glaucoma, cataract, eye muscle imbalance, "lazy eye," macular degeneration, and visual changes not corrected by glasses or contact lenses. Please note that if you have diabetes mellitus and would like us to send a letter to your primary care physician regarding your eye examination, the visit will be coded as a "medical eye examination."

Vision Plans If you have a vision plan (i.e., Vision Service Plan (VSP), EyeMed, etc.) we need to be aware of this coverage prior to your exam. Vision plans cover only routine eye examinations. If you report symptoms during your visit related to an eye problem, disease, or injury, or your doctor determines that your problem falls under the category of a "medical eye examination," your visit will be billed to your medical insurance.

If you determine that you have coverage through a Vision Plan **after** your exam has been completed, we will not bill the Vision Plan for you, but will be happy to provide you with a financial printout so you may file a claim with the Vision Plan.

In summary, office visits are billed based upon clinical information, not based on coverage by insurance companies. We follow our patients for both vision and medical diagnoses, and to request a diagnosis change solely for the purpose of securing reimbursement from an insurance company is considered insurance fraud and will not be performed. All patients are required to complete our patient information form and health history questionnaire. If you have any questions, please ask a member of our staff.

Please check one: I have a Vision Plan I do not have a Vision Plan _____ Initials

What is a Refraction?

Refraction is a vision test that determines your best-corrected vision with eyeglasses or contact lenses. This is a measurement that the doctor or technician takes with an instrument called a phoropter that holds corrective lenses in front of your eyes. While you look at the eye chart through the phoropter, the lenses are adjusted until the clearest vision is achieved. You may hear the doctor or the technician say something like, “which is better, lens one or lens two,” for example.

This test is performed on your first visit with us, annual visits, and anytime your vision drops significantly. The refraction is a vital test to the care of your eyes because it allows for assessment of your current eye health and the detection of eye diseases. With it, we may provide you with a prescription for updated glasses or it may be required by Medicare, or other insurance plans to determine if you qualify for particular eye procedures such as cataract or laser eye surgeries.

Will your insurance pay for a refraction?

Even though this is a vital test to the care of your eyes, the refraction is a non-covered service through Medicare, and most medical insurance plans. Unfortunately, they do not differentiate between “medical refractions” and refractions performed solely for the purpose of providing glasses/contact lenses. We charge for this service when performed regardless of whether insurance will pay.

There is a fee of \$65.00 for this test that you will be asked to pay at the time of your visit. If you wish to forego the refraction, please inform us BEFORE we begin doing any testing of your eyes. However, sometimes a refraction may be required to determine the health of your eyes. Foregoing your refraction may limit your doctor’s ability to accurately diagnose and treat serious medical conditions.

Patient Acknowledgement

I understand the difference between routine and medical eye examinations and the potential implications of these differences on which type of insurance gets billed and the potential for fees that may include co-pays, deductibles, and/or co-insurance fees. I understand that I am responsible for any of these fees that my insurance does not cover. I further understand that a refraction is an important test that I may need, and if so, that I will be responsible to pay for this test.

Patient Name: _____

Patient Signature: _____

Date: _____