Billing Information Regarding Today's Visit

You may have come in today for a "routine" eye exam. If something **medical** is discovered and/or addressed in your exam, it may become a ***medical visit*** and thus be billed accordingly

How a typical exam works: Patient undergoes an eye exam, which includes:
A health, medication and vision history
A refraction to determine best corrected vision and glasses prescription
An examination of the front and back of the eye with dilation when indicated

Based on the results of the exam, the doctor determines if your vision changes are ***routine*** or ***medical*** in nature. The doctor may order additional testing, refer you to another doctor or specialist, or advise other treatments as needed.

ROUTINE BILLING:
Billed to Vision Plan If Available
Prescription for glasses and/or contacts given. Routine evaluation of the health of the eyes in a healthy patient with no problems.
Exam will be billed as a
ROUTINE COMPREHENSIVE EYE EXAM

MEDICAL BILLING:
Billed to Medical Insurance if Available
Doctor determines your vision changes are caused by a medical condition and/or addresses a medical concern you have raised (cataract, glaucoma, diabetic retinopathy, macular degeneration, dry eye, flashes/floaters, etc.)
Exam will be billed as a
MEDICAL COMPREHENSIVE EYE EXAM

- Once the visit is billed, your insurance company will use the codes to determine how the visit will be processed
- You are responsible for any unpaid deductibles, copays, co-insurance, and non-covered services. Copays are due at the time of service.
- We will send a statement of uncovered charges. Payment is due within 30 days of receipt.

By signing below, I confirm I have reviewed both my medical insurance and vision plan and understand how each applies to my insurance benefits. I understand my exam today may be billed as "routine" or "medical", determined by the results of the exam. I understand I am responsible for any unpaid deductibles, co-pays, coinsurance, and non-covered services.

Printed Name: _____ Date: _____

Signature: _____