

Medical Eye Exams vs. Routine Vision Exams

This explains why your vision exam may be billed to your medical insurance and not your vision care plan.

A **ROUTINE** vision exam determines a prescription for eyeglasses and is billed to vision care plans (i.e. VSP or EyeMed) when NO medical diagnosis is present, and NO medical advice is given by the doctor.

A **MEDICAL** exam will be billed to your medical insurance if ANY medical diagnosis exist (i.e. diabetes, eye infections, macular degeneration, glaucoma, cataracts, etc). If a medical issue is found during the exam, this will bill to your **medical** insurance.

Insurance plans require us to bill according to these rules. Some vision care plans allow us to file BOTH medical and vision plans. Your vision care plan may prohibit this coordination of benefits. ***If this is the case, the refraction fee (\$49) will be collected today.***

Consent to Medical Treatment, Signature on File, and Assignment of Benefits, Financial Agreement and HIPAA Notice of Privacy Practices, including Authorization for Release of Information.

1. Professional fees are considered nonrefundable. I voluntarily consent to having a comprehensive eye exam, treatment and diagnostic procedures provided by Plainfield Eye Care and its associated doctors and staff. I understand that my doctor will determine if my exam is considered routine or medical based on diagnosis and conditions identified during the exam. A comprehensive exam will include dilation and refraction.
2. Patients authorize payment to Plainfield Eye Care, of benefits payable by insurance policies and vision care plans and irrevocably assign such benefits to Plainfield Eye Care.
3. We will do our best to estimate out-of-pocket costs for professional services and materials, based on information provided by the specified plan benefits. Any amount assigned by insurance as copay, coinsurance, or unmet deductible is the financial responsibility of the patient. Patient agrees to be responsible for all fees as assigned by insurance company(ies) once claims have processed.
4. Any payment returned to Plainfield Eye Care for insufficient funds will be charged an additional \$50 fee. If a check is returned the balance, with additional fee, must be paid by either cash or credit/debit card.
5. Contact lens evaluations are a separate service from a comprehensive eye exam and carry a separate fee. The contact lens evaluation includes evaluation of prescription of contact lenses, assessment of complications from lens wearing, diagnostic lenses, contact lens insertion and removal training for first time contact lens wearers, and any follow up appointments necessary for the finalization of your contact lens prescription. Follow ups must be completed within 90 days of the original evaluation. After 90 days, an evaluation fee may be reassessed for the finalization of contact lens prescription.
6. I acknowledge that Plainfield Eye Care will protect my privacy according to HIPAA and Plainfield Eye Care's Notice of Privacy Practices, which is posted at this office. Upon request, I may obtain a copy of the Notice of Privacy Practices.

By signing below, I acknowledge that I have reviewed and agreed to Plainfield Eye Care's policies as written above.

Signature: _____ **Date:** _____

Check here if the signature is Guardian or Guarantor for patients under 18 years of age, on date of service.

This Authorization shall be in effect until revoked by patient