



Insurance Billing Policy and Advance Benefit Notices

There are two types of health insurance that will help pay for your eye care services and products. You may have both and our practice accepts both:

1. Medical Insurance. (such as Blue Cross and Medicare)
2. Vision care plans (such as VSP and EyeMed)

* Vision care plans only cover routine vision exams along with a benefit for eyeglasses and contact lenses. Vision Plans only cover a basic screening for eye disease. They do not cover diagnosis, management or treatment of eye diseases.

* Medical insurance must be used if you have any eye health problem or systemic health problem, which may affect your eyes. Your doctor will determine if these conditions apply to you, but some are determined by your health history.

* If you have both types of insurance plans it may be necessary for us to bill some services to one plan and other services to the other. We will coordinate your benefits to do this properly and to minimize your out-of-pocket expense.

Medical Insurance Policy: As part of our services at this practice, we are happy to assist you in determining the benefits of your individual policies and in collecting your reimbursement of benefits for Services.

1. The legal obligation of your insurance provider are between yourself and your provider, not between the practice and your provider
2. When your insurance provider has settled your plan covered items, you will be notified by a monthly statement if there were any unpaid balances. Unpaid balances can include non-covered items or services, co-pays, deductibles, lapses, ineligibility or termination of coverage. Unpaid balances are the responsibility of the patient.
3. Any patient portion amounts are due at time of service. This may include Refractions, Contact Lens Fees or Testing. *Our Refraction fee is \$35. Contact lens fees vary and start at \$50*
4. I authorize the use of this form on all insurance submissions as well as authorizing the release of information to all my insurance companies as well as allowing the doctor to act as my agent to obtain payment from my insurance companies.
5. I authorize payment to be made directly to the provider and permit a copy of this authorization to be used
6. No Refund can be made on clinical procedures or services, including examinations, refraction, contact lens fittings and procedures.

Consent for Treatment: I hereby authorize Vision Associates to administer diagnostic and medical procedures as may be necessary for proper health care, ***Vision Associates reserves the right to determine if services are deemed routine or medical based on the type of healthcare exam administered.***

I have read & agree to the Vision Associates Insurance Billing Policy

Patient Signature. (parent or guardian)