



Understanding your Vision Benefits

Let's face it, insurance can be confusing. This is particularly true when an individual has both medical and vision coverage. Understanding your insurance PRIOR to any service can help you avoid confusion and frustration. VISION INSURANCE is one of the most misunderstood benefits of all health-related coverage. Some insurance companies do a better job of educating their clients than others. At times insurance companies' "customer service" departments overstate benefits (and minimize or even ignore specific limits and restrictions) that can create an adversarial relationship between the patient and the doctor's office. We would like to avoid these misconceptions, and we hope that the following will help you better understand how vision coverage works.

Medical vs. Vision

Medical insurance DOES NOT cover vision related issues such as routine exams, glasses, and contact lenses. Many people with medical insurance have a separate rider policy to cover routine eye exams. Most vision plans do not cover ANY medical testing, diagnosis, consultation or treatment. Vision insurance covers ONLY routine eye exams for purchasing glasses or fitting and purchasing contact lenses. Regardless of your vision insurance, most plans do not cover 100% of expenses, and thus you should expect some out-of-pocket costs. There may be co-pays, deductibles or a percentage of costs that you will pay out-of-pocket as required by your insurance policy

MEDICAL concerns (Glaucoma, Dry Eyes, Macular Degeneration, Red-Eyes, Floaters, Allergic Conjunctivitis) take priority and as such will be treated first or concurrently with a vision problem. Sometimes a medical condition has to be treated and corrected before vision can be accurately evaluated. Medical insurance companies usually separate the components of an eye exam, one being the comprehensive exam and the other being the refraction. (The refraction determines the prescription for eye glasses and contacts.) Typically, VISION insurance policies usually cover both the ROUTINE EXAM and REFRACTION, while MEDICAL policies cover the EXAM only. You are responsible for the cost of the refraction if your insurance is medical only. If the presence of disease is detected that require additional testing, the doctor will provide you information regarding the condition and the testing required.

What is a refraction?

Refraction is a measurement taken by an eye doctor to determine whether a patient has nearsightedness (myopia), farsightedness (hyperopia), or astigmatism. Based on the results of the refraction, the doctor decides whether or not to prescribe glasses. A refraction can be accurately performed on a patient of any age, with or without his or her input. For the majority of patients, refraction is a critical component of an eye examination.

Will your insurance pay for a refraction?

Even though this is a vital test in the care of your eyes, the refraction is a **non-covered** benefit with most insurance plans. Unfortunately, they do not differentiate between "medical refractions" and refractions performed for the purpose of providing glasses or contact lenses. We are required to charge for this service regardless of whether your insurance company will cover the service as a benefit of your insurance plan. There is a fee of **\$30.00** for this test. You will be asked to pay at the time of your visit. This fee will be charged to you approximately one time per year. This is a routine charge at all medical, optometric and surgical ophthalmology practices.

(Signature on Second Page)

I have read and understand the differences between Medical and Vision Insurance benefits and wish to proceed with the following during my exam.

Refraction \$75

Print Name

Signature of Patient/Guardian

Date

I have read and understand the differences between Medical and Vision Insurance Benefits and wish to DECLINE all non covered services during my exam.

Print Name

Signature of Patient/Guardian

Date