



Family Eye Health Center

Dr. Cord Linville, Dr. David Scott

Many of our patients have both vision and medical insurance coverage. There is a difference between the two insurance coverages as to what services they cover and pay. We want you to understand the difference between the two types of coverages.

Vision Insurance:

Vision coverage (such as VSP, Eyemed), is designed to cover the expenses associated with a routine eye exam, which determines a prescription for glasses or contacts as well as costs associated with the purchase of glasses and contact lenses. Vision Insurance does not cover diagnosis, management or treatment of eye diseases or conditions of the eye (ex: glaucoma, macular degeneration, diabetes, conjunctivitis, etc.). The fee for this service is typically lower than that of a comprehensive medical exam and will generally have an insurance copay which is determined by your insurance company for the exam and any materials that you order.

Medical Insurance:

Medical insurance (such as BCBS, UHC, Medicare, etc.) must be used if you have any eye health problem or systemic health conditions that have ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by your case history. When a medical condition or diagnosis is present, such as diabetes, glaucoma, macular degeneration, and conjunctivitis, it is necessary to file these exams with your medical insurance. Any copays that you have for medical specialists will apply for these exams.

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 use coordination of benefits to do this properly and to minimize your out-of-pocket expense.

Our office does not make the rules as to who we file your exam to, whether vision or medical. We are required to follow guidelines in how claims are filed. These guidelines are determined by the insurance company to which you are a member.

If some fees are not paid by your plan, we will bill you for any unpaid deductibles, co-pays or non-covered services as allowed by the insurance contract. All Fees, insurance copays and contact fitting fees are due at the completion of your exam.

If by signing below you acknowledge and understand that you are responsible for all charges not covered by your insurance plans.

Patient Name (Print)

Responsible Party Signature

Date

Relationship to Patient