

Medicare Patient Responsibility

Initial: _____ I understand and agree that I am fully responsible for all charges for any of the services rendered. This includes any medical services, visits, routine examinations, refraction, testing, contact lens services and any other screening requested by the provider or staff.

Initial: _____ I understand that my insurance may confirm my benefits, but the confirmation of benefits is not a guarantee of payment for the services received in the office and that I am responsible for any unpaid balances.

Initial: _____ I understand and agree that it is my responsibility to know if my insurance has any deductibles, co-payments, co-insurances, out-of-network, usual and customary limits, prior authorization requirements or any other type of limitation for the services I receive and agree to make payment in full at the time I receive the services.

Initial: _____ I understand and agree that it is my responsibility to know if my insurance requires a referral from my primary care physician and that it is up to me to obtain the referral. I understand that without this referral, my insurance will not pay for any services and that I am financially responsible for the balance in full.

Initial: _____ I agree to inform the office of any changes in my insurance coverage. If my insurance has changed or is terminated at the time of service, I agree that I am financially responsible for the balance in full.

Initial: _____ If I am a Medicare patient, I understand that I need to provide the office with both my Medicare ID card and my secondary ID card. If the office does not have the proper information for a secondary insurance, the secondary will not be billed. It will be my responsibility to pay the balance and then file a claim with the secondary for reimbursement.

By signing this form, I consent to the use and disclosure of protected health information about myself for treatment, payment and health care operations, and/or as required by law. Crawford Family Eye Care provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Printed Patient Name

Patient or Guardian Signature

Date

Medical Vs. Vision Insurance

Medical Insurance: When a medical condition exists such as (but not limited to) cataracts, glaucoma, dry eyes, diabetes, high blood pressure, or any other conditions related to the health of the eye, it will be necessary for the doctor to perform a full and comprehensive ocular health exam. This exam may include further testing beyond the scope of a routine eye exam. With a medical diagnosis, your exam and testing will be billed to your medical insurance, and you will be responsible for any co-pays, deductibles and/or co-insurance as dictated by your specific plan. If you are diabetic, your exam will be billed to your medical insurance.

Vision Care Insurance: Vision coverage for a routine examination is designed to provide a screening evaluation of the eye to determine a prescription for glasses only. This evaluation is not a comprehensive ocular health examination and excludes any testing to diagnose, evaluate and follow medical issues. This evaluation also does not include a contact lens evaluation, or any fees associated with contact lenses.

Contact Lenses: Contact lens services are considered to be elective and therefore not covered by medical insurance and possibly not covered by vision insurance. A contact lens prescription is valid for one year from the date of issue. In order to maintain a current contact lens prescription, you must have annual contact lens evaluations with your doctor. Payment for a contact lens evaluation, whether performed independently or as part of your comprehensive eye exam, is expected at the time of service. A separate contact lens agreement will be signed prior to a contact lens fitting or refitting.

Refractions: A refraction is the portion of the examination process wherein the doctor or technician places various lenses in front of your eyes to determine your best corrected vision for your spectacle prescription. This service is considered to be a non-covered service by Medicare. The fee for this service is \$65 and is collected when a refraction is performed whether or not you have had a change in your prescription. A spectacle prescription is valid for one year from the date of the refraction; you will need to have refractions as part of your exam in order to maintain a current prescription.

Optos: An Optos test is a portion of the examination where the eye is scanned to show the health of the eye or detect disease. Some diseases it can detect is macular degeneration, glaucoma, retinal tears or detachments. This test is recommended to all patients but is not required unless the patient is diabetic. The Optos scan is not covered by Vision insurance. If the patient is diabetic, then the services will be billed to the Medical Insurance. The fee for a non-diabetic patient for this service is \$40 and is collected at the time the scan is performed.