



Lifetime Eyecare Associates

Medical Insurance Waiver

When most people think about getting an eye exam, they think about whether or not the doctor will tell them they need glasses, or maybe about updating their current contact lens or glasses prescription. They don't usually think of it as medical or health exam. A lot of terms are thrown around, like medical eye exam, comprehensive eye exam, routine vision exam, vision screening, etc., and there ARE differences between different types of eye examinations.

Medical Eye Exam

Glaucoma, dry eye syndrome, macular degeneration, cataracts, corneal dystrophy, retinal detachments, etc., are all medical issues with the eyes, not things that can be fixed with glasses or contacts and need to be monitored closely by your eye doctor. So when we say we are doing a medical eye exam, those are the kinds of things we're looking for or monitoring. A medical eye exam differs from a routine vision exam in that it is an exam where we are evaluating or treating a patient for some sort of medical condition.

Your eye doctor is legally bound to follow healthcare guidelines regarding billing your insurance. A *medical eye exam* should be billed to your *medical insurance*, while a routine vision exam should be billed to either your vision insurance or to you if you are self-pay.

OptoMap Retinal Images to Medical Insurance

If the retinal images are denied by the insurance company, the balance will be forwarded to the patient as payment responsibility. The fee for the OptoMap Retinal Exam is up to **\$85.00**. This fee may be further discounted by the insurance company and will be applied when applicable.

Office Visits / Special Testing or Procedures

These types of visits and/or procedures are not a part of a Routine Vision Examination; therefore the claim cannot be submitted to Vision Insurance for payment.

Your eye doctor will discuss with you what type of exam you are receiving and who it will be billed to.

We will submit the claim on your behalf to your Medical Insurance. Please be aware that the insurance company may not pay for some or even all services received due to non-coverage or in some cases, deemed unnecessary. In these situations, the patient is responsible for any services rendered that are not paid by the insurance company. Insurance benefits and coverage are an agreement between the patient and the insurance company. Non-payment by the insurance company transfers the responsibility of the claim payment to the patient.

Patient Name: _____

Date: ____/____/20____

Signature of Patient or Responsible Party: _____

Name of Guardian/Responsible Party (if applicable): _____