

MEDICAL VS. VISION INSURANCE

Many of our patients have both VSP and medical insurance. They are different in terms of the services they cover and it is important for our patients to understand their differences. VSP, except VSP Primary Eye Care, is designed for routine vision care and to determine a prescription for glasses and/or contacts. VSP is not equipped to deal with complex medical conditions and/or diagnoses. VSP does allow for screenings of conditions, but once they are determined, then medical insurance is filed on those services. When a medical conditions is present (such as diabetes, cataracts, dry eye, floaters, etc.) it is necessary to file the visit with your major medical carrier (Blue Cross Blue Shield, United Healthcare, Humana, Cigna, Aetna) and the co-pays for that visit will apply. **Insurance carriers set these rules and our office is required to follow them.** In most cases, it is not possible to know, prior to the examination, which type of insurance our office will file for you. Often times we are able to coordinate the benefits between your major medical insurance and your VSP on your annual comprehensive exam, as this exam will include vision services. However, any follow-up visits necessary will be billed to your major medical insurance only, as these will include medical issues only.

If you have ANY problems or complaints that may be attributable to a medical condition which requires a more in-depth investigation and additional medical decision-making to rule out any underlying eye disease, we will accordingly bill your medical insurance. These include, but are not limited to:

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| *New or sudden onset blurry vision | *Eye pain or redness |
| *Flashes and/or floaters | *Headaches |
| *Dry or itchy eyes | *Loss of vision |
| *Eyestrain | *Double vision |

There are a variety of systemic conditions that can profoundly and permanently affect a patient's vision that require a more in-depth investigation, which may include additional testing, follow-up visits and reports to your primary care physician. We will accordingly bill your medical insurance. These include, but are not limited to:

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| *Diabetes | *Lupus |
| *Multiple Sclerosis | *Autoimmune Disease |
| *Hypertension | *Thyroid Disease |
| *Diseases resulting in use of high risk medications such as Plaquenil, Hydroxychloroquine, etc. | |

If you have previously been diagnosed by another eye doctor or at our office for any eye issues that require medical decision-making, treatment or management, we will accordingly bill your medical insurance. These include, by are not limited to:

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| *Glaucoma | *History of Eye Surgery |
| *Glaucoma Suspect | *Cataracts |
| *Macular or Retinal Disease | *Amblyopia/Lazy Eye |

In the event we are not in network with your insurance, we will provide you with an itemized receipt so that you may file with your carrier for reimbursement. If you have any questions, please let us know.

By signing below, you are acknowledging that you have read, understand, and agree to these conditions.

Patient/Guardian Signature: _____ Date: _____

We would be happy to provide a copy of this signed form for your records upon request.