

Alamo Optometry

FINANCIAL RESPONSIBILITY POLICY

Many patients have both vision plans and medical insurance. They are very different in terms of the services they cover, and it's important for our patients to understand these differences.

- **Vision plans** (VSP, EyeMed, or MES) cover routine vision wellness exams, along with determining a prescription for glasses and contacts. Vision plans DO NOT cover the diagnosis, management or treatment of eye problems related to medical diagnoses or symptoms, eye injuries, or eye conditions.
- **Medical insurance** (such as Blue Cross, Aetna, Blue Shield, or Medicare) are to be used for medical eye care for problems such as infections, dry eyes, allergies, or cataracts and annual examinations when you have a medical issue (such as high blood pressure or diabetes) that would affect your eye health and/or vision. Most medical plans do not cover routine services in the absence of a medical diagnosis or examinations for glasses, or routine vision problems such as nearsightedness, farsightedness, and astigmatism. We can attempt to coordinate benefits between your plans, to minimize your out-of-pocket expenses and you can use any glasses or contacts materials benefits with your vision plan.

Medicare does not cover the refraction part of the exam and there is a 20% co-insurance that is due on the date of the visit. Some Medicare supplemental plans will pay for the 20% co-insurance and rarely part of the refraction.

There is often no way to know prior to your exam which type of insurance will be the right one to file your claim with. You will be responsible for the co-pays, deductibles, and restrictions according to the eligibility and benefits of the appropriate plan. Our office does not make these rules. They are made by your insurance company; and we are required to comply with them. We will make every effort to verify your insurance coverage and benefits; however, your insurance plan is a contract between you and your carrier, and we are limited in the information we can obtain. If we are on your insurance company's panel, we will file those claims for you as a courtesy. If we are not in network with your insurance, we will provide you with an itemized receipt so that you may attempt to file your own claim for reimbursement.

We cannot guarantee payment on behalf of your insurance company, and, therefore, the final responsibility for payment lies with you as the patient or parent/guardian. All known co-pays or fees are due on the date of the visit. Upon response from your insurance company, a statement for any remaining balance will be sent to you, due within 30 days. Should there be a credit owed to you, we will issue and mail a refund check right away. If our attempts to collect payment from your insurance company aren't successful within 90 days, you will be responsible for full payment of your account within 30 days, thereafter.

I understand the information above explaining the difference between vision and medical insurance. I certify that all insurance information given by me is true and correct. I authorize Alamo Optometry to act as my agent to file claims to obtain payment with the appropriate insurance based on the reason for my visit and the results of my examination, for this and all future visits. I authorize the release of any information necessary to determine benefits payable to related services. I agree to pay Alamo Optometry for all co-pays, deductibles, and overages as determined by the terms of my insurance plans.

Print Patient Name: _____

Lifetime Signature: _____

Date: _____

Print Name (If Parent/Guardian of Minor)

Relationship to Patient