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Will my visit be billed to my MEDICAL INSURANCE (Medicare, Aetna, Horizon, BCBS, Cigna, etc.) or my VISION PLAN (VSP, Davis, Spectera, Eyemed, etc.)?

SHORT EXPLANATION:

Medical Insurance will be used for eye health visits (diabetes, cataract, glaucoma, eye pain, eye injury, etc.). No coverage for glasses, contacts (except medically necessary contacts for diseased eyes) or other similar materials are provided by most medical health plans. Vision Plans are not truly insurance but cover routine exams for glasses, contacts and inspection of the internal and external eye health in a healthy person without known eye disease. You may have coverage for materials.

LONG EXPLANATION:

One of the most challenging billing issues for an eye doctor office is to determine whether your visit is for a **medical reason** (diabetes, cataract, glaucoma, eye pain, etc.) or a wellness **vision exam** to determine your prescription for glasses, contact lenses and screen the health of your eyes to make sure you do not have an eye problem or disease you may not be aware of yet. Sometimes it is appropriate to schedule separate visits to accommodate both your routine eye care needs (glasses, contacts) and medical eye needs (glaucoma follow up, eye emergencies like injury or red eye, etc.) on different days. As a general rule of thumb, please note **medical plans do not cover materials** (glasses or contacts) but some may have an annual reimbursement direct to patient. It is the patient's responsibility to know whether they have this benefit and file directly with the medical plan for reimbursement. We will assist with appropriate receipts for submission.

Our goal is to bill appropriately based on the reason for visit. If you call us with an eye problem or sudden change or loss in vision OR another doctor asked you to see us for an exam because you are diabetic or put on medications that can risk your eye health, we will cater the exam to medical eye care and bill your medical insurance the same way any other specialist health care provider would. The patient is responsible for obtaining referrals, copays, deductibles and coinsurance. Rarely, a routine visit must be converted to medical if an incidental and urgent eye problem is discovered during your vision exam (such as very high eye pressure that needs immediate testing and treatment to prevent irreversible vision loss).

If you have a vision plan, it is your responsibility to inform our staff at the time of scheduling the appointment so that we may assist you in understanding your benefits.

Vision plans are not eye insurance and do not cover medically necessary eye testing. Vision plans assist in discounted fees for contact lenses and glasses. Some plans are better than others. We will help you maximize your savings. In order to do this, you must know your plan and present it ahead of being seen for your exam.

Medicare does not pay for eyeglasses or contact lenses. Medicare patients will be responsible for their refraction fee (if necessary) and their annual deductible (if not met at another doctor's office already for the calendar year).