



**Pediatric Eye Consultants of North Florida,  
A Division of Florida Pediatric Associates, LLC**

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## **Vision Versus Medical Insurance- Why Am I being Charged?**

When scheduling an examination with an Ophthalmologist, patients are often confused by the coverage options offered between Vision Plans and Medical Insurance. To appreciate the differences, one must understand that there are different types of eye exams. Some eye exams are considered "routine", while others are categorized as "medical". This terminology does not relate to whether the patient is dilated, or whether the examining eye care professional is an ophthalmologist or an optometrist. It is based solely on the reason for requesting the exam and the underlying diagnoses.

**Medical Insurance:** In general, diagnoses related to the refractive error of the eye (nearsightedness, farsightedness, astigmatism) are considered "routine" and are either not covered or covered only once every 2 years under medical insurance. If the reason for your examination and underlying diagnosis is based on a "medical" problem (crossed eyes, wandering eyes, amblyopia, pink eye), most (but not all) insurance companies will pay for your exam. Some insurance companies will consider a diagnosis such as "failed vision screening", "headache" and "family history of eye problems" as medical in nature and will also provide coverage for these conditions. If you or your child is determined to have an underlying "medical" problem, then glasses may be required, either as treatment for the underlying condition or unrelated to the medical problem.

**Vision Plans:** Supplemental vision insurance may cover "routine" exams and may discount or pay for glasses or contact lenses that are not otherwise covered by medical insurance.

**Refraction Charge:** The determination of the necessary prescription generates a "refraction charge", that is typically around \$100. Medical insurance companies often will not cover this charge, and pass this charge onto the patient, even while covering the rest of the exam fee.

Vision plans generally cover both fees, but such plans may require that you use certain eye care professionals within their plan.



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This form is for general informational purposes only, and charges and insurance requirements under your plan may vary from what is detailed in this form. Although our office is very knowledgeable regarding insurance plans, the details of each individual plan are known only to the policy holder. It is important that you study your plan carefully and be aware of your possible deductibles and copayments. At Pediatric Eye Consultants of North Florida, we strive to assist in any way possible. Please feel free to contact us for clarification or with any questions or concerns. By signing below, I acknowledge the above statement.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Parent/ Guardian Signature (if minor): \_\_\_\_\_