

## 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. 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. Supplemental vision insurance may cover “routine” exams and may discount or pay for glasses or contact lenses. If your reason for examination and underlying diagnosis has a basis in a “medical” problem (crossed eyes, wandering eyes, amblyopia, pink eye), most insurance companies will pay for your exam. Some insurance companies will consider diagnoses such as “failed vision screening”, “headache” and “family history of eye problems” as medical in nature and will also provide coverage for these diagnoses. If you or your child is determined to have an underlying “medical” condition, they may also be found to need glasses, either as treatment for their condition or unrelated to their medical problem. The determination of the necessary prescription generates a “refraction charge”, typically around \$70. 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 may require that you use certain eye care professionals within their plan. Many ophthalmic subspecialists are not typically included in these plans. Dr Duss is not currently a member of any of the major vision plans. However, she offers a “Prompt Payment Discount” for refraction charges to patients whose medical insurance does not cover this fee. Should

you chose to pay the refraction charge at the time of service, your fee will be \$35; a savings of 50% of what the insurance company will ultimately charge. 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): \_\_\_\_\_