



MEDICAL OR ROUTINE VISIT?

Eye Care practices are the only medical offices which deal with 2 different insurance plans. One is for medical problems and one is for examinations to determine if refractive corrections are required to improve vision.

Our insurance personnel’s goal is to file claims properly to maximize the payments for our patients. Your assistance is required. Please help us by providing the following information.

- Present all current insurance cards at each visit.
- Obtain referrals if required from your Primary Care Physician. Bring a copy of the referral with you or follow up to be certain it has been sent to our office.
- Alert our office if your insurance plan requires precertification for procedures.
- It is necessary to let us know **before** your exam if you have a Vision Plan (such as VSP, Davis, Eyemed, etc.). Insurance carriers will not provide reimbursements for “medical” and “routine” examinations on the same day. Typically, medical issues are handled during one visit and the routine care is on a separate visit. (Insurance guidelines-not Summit Eye Care’s)

Medical exam: Follow up appointment scheduled by eye care provider for medical diagnoses such as diabetic, glaucoma suspect, dry eye, discomfort, sudden decrease in vision, foreign body sensation, etc. which produces a medical diagnosis.

Routine eye exam: defined by insurance companies as an office visit for the purpose of checking vision, screening for eye disease, and/or updating eyeglass or contact lens prescriptions. Routine eye exams produce a final diagnosis, like nearsightedness, farsightedness or astigmatism.

Incorrect or incomplete insurance information may result in your being responsible for any unpaid claims. We value each patient and want to obtain the maximum insurance reimbursements on your behalf. Please let us know if we can assist in any way.

PLEASE HELP US HELP YOU.

Please initial the type insurance we will be using for today’s exam:

Medical _____ Vision _____

*Some insurance carriers will not cover routine and medical exam on same day.

Pt. Signature _____

Date _____