



Private Insurance Patients

Your visit today may consist of a two part visit.

Before the patient is taken back for pre-testing, the patient's insurance benefits will be verified by the billing department. This may take several minutes so please be patient. The billing department will verify medical benefits as well as vision coverage. The Eyes of Texas is not contracted with most VISION insurance companies so the patient may be responsible for this portion of the exam. The patient will be notified before seeing the doctor if vision services are covered by the insurance policy or not. Every time the billing department calls an insurance company for benefits a disclaimer is read notifying the provider that "this is not a guarantee of payment until the claim has been received and processed" and some patients may receive a bill from the Eyes of Texas if the insurance company does not pay for the service date. Ultimately, it is the responsibility of the patient to pay for services rendered.

Once the technician has taken your information as to why you are being seen today, the doctor will conduct a medical exam and then a vision exam which is called a "Refraction".

The patient must provide a complaint (reason) as to why they are being seen today, if there is no complaint then the patient will be responsible for the visit. An ABN(Advance Beneficiary Notification) will be provided to the patient.

Part I-The Medical Examination

The Optometrist/Doctor will conduct a medical exam of your eyes. He/She wants to make sure there is no medical problem with your eyes which may affect your vision. This part of the exam is covered by most insurance policies depending on the patients benefits and if the visit is medically necessary. If further examination is needed the Optometrist/Doctor will order testing procedures which should be paid by insurance policy if medically necessary. The only reason the insurance policy would not pay for a procedure would be if the diagnosis is not covered or it is not an insurance policy benefit. At this time the technician will have the patient sign an ABN and the patient will be responsible for payment of the date of service if the patient chooses to have the procedure done. The patient should always ask questions as to what is going to take place in their visit.

If a treatment or testing will need to be done on the date of service the patient should be informed that the insurance policy may apply to deductible or out of pocket benefits and the patient will be responsible for payment on the date of service. The patient may choose to have the testing or treatment done on the date of service or re-schedule for another date.

Part II-The Refraction

Vision exam - The Refraction, this procedure is when the Optometrist exams the eyes to determine if the patient does or does not need glasses. The vision (Refraction) examination is NOT always covered by the patient's medical plan. The patient will be responsible for the vision exam charge of \$31.00 on the date of service. Contact fitting is not always covered by patient's medical plan, the patient will be responsible for the \$100.00 charge on the date of service. If it was determined by the billing department that the patient is not covered for vision under the medical plan and this is the only reason for the visit the patient will be responsible for the visit on the date of service. The patient must clarify to the technician if they are only here for a vision check/visit and at this point a determination will be made if the visit is to proceed.

All co-payments, non-covered services, and deductibles will be collected at time of service.

If you have any questions about your visit today concerning your examination, testing, procedures, and billing, please make sure you talk to someone before your leave.

Please sign this form to confirm you have read the information provided.

Patient Signature or Responsible Party

Date