

# ABOUT YOUR INSURANCE

There are two types of insurance that will pay for your eye care services and products. You may have both and our practice may accept both:

1. Vision Care Plans (VSP, EyeMed, Superior, VCP, and etc.)
2. Medical Insurance (BlueCross BlueShield, Medicare, and etc.)

Vision Care Plans cover only a basic comprehensive examination for eye diseases, eyeglasses and contact lenses. They do not cover diagnosis, management or treatment of eye diseases. I have had explained to me that my contact lens prescription will be given to me after the completion of my contact lens fitting without me requesting it, but I do not wish to receive it. I understand that if I'm a new or an established contact lens wearer, I'm responsible for paying the appropriate annual contact lens examination fee prior to leaving the clinic.

Medical Insurance must be used if you have any eye health problem or systemic health problem that has ocular conditions. Your doctor will determine if these conditions apply to you, but some are determined by your case history. If you have both types of insurance it may be necessary for us to bill some services to one plan and other services to the other. We will use coordination of benefits to do this properly and to minimize your out-of-pocket expense. We will bill your insurance for services. We will try to obtain advanced authorization of your insurance benefits so we can tell you what is covered. If some fees are not paid by your plan we will let you know of any unpaid deductibles, co-pays, or non-covered services as allowed by the insurance contract at the time of service. We will bill you for any unpaid claims or any additional patient responsibility as deemed by your insurance after the claims have been processed.

I have read, understand, agree with, and will comply with the above policies and information. I am signing it voluntarily.

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<b>Patient Signature</b>	<b>Date</b>
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If you are signing as a personal representative of the patient, please indicate your relationship.

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<b>Representative</b>	<b>Relationship to Patient</b>
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Please provide your insurance card(s) to our staff member.

**SEARCY EYECARE CLINIC**