About Your Insurance

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

Vision care plans (such as VSP and Eyemed)

Medical Insurance (such as Blue Cross/Blue Shield and Medicare)

Vision care plans only cover routine vision exams along with eyeglasses and contact lenses. Vision plans only cover a basic screening of eye disease. They do not cover diagnosis, management, or treatment of eye diseases.

Medical insurance must be used if you have any eye health problem or systemic health problems that has ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by case history.

If you have both types of insurance plans 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 plan for services if we are a participating provider for that plan. 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 bill you for any unpaid deductibles, co-pays, or non-covered services as allowed by the insurance contract.

Guarantor

Name _____ Date of Birth _____ / _____ / _____

Address _____
City, State, Zip _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

Primary **Vision** Insurance

Company Name _____

Policy ID No. _____

Primary **Medical** Insurance

Company Name _____

Policy ID No. _____

Please provide your insurance cards to our staff.

About Your Insurance

MEDICAL INSURANCE POLICY: As part of our services at this practice we are happy to assist you in determining the benefits of your individual policy and in collecting your reimbursement of insurance benefits for medical services. To avoid any misunderstandings please read the following statements carefully.

1. The legal obligations of your insurance provider are between yourself and your provider, not between this practice and your provider.
2. When your insurance provider(s) has settled your plan's covered items, you will be notified by a monthly statement if there were any unpaid balances. Unpaid balances can include non-covered items or series, co-pays, deductibles, lapses, ineligibility or termination of coverages. Unpaid balances are the sole responsibility of the patient.
3. To keep the cost of records and collections down any patient portion amounts on your order will be due at the time of service.
4. I authorize the use of this form on all insurance submissions as well as authorizing the release of information to all my insurance companies as well as allowing the doctor to act as my agent to help me in obtaining payment from my insurance companies.
5. I authorize payment to be made directly to the provider and permit a copy of this authorization to be used in place of the original.

CONSENT FOR TREATMENT: I hereby provide authorization to administer diagnostic and medical procedures as may be necessary for proper health care. I acknowledge that I have been made aware of ClarifEye Total Eye Care's Notice of Privacy Practices, and release the right to file insurance given.

_____

Patient signature (or parent/guardian signature if patient is a minor)

_____

Patient Name (or parent/guardian name)

_____

Date