**Medical Billing Policy**

Your vision insurance is intended to provide you with a baseline eye exam. If you are being evaluated for medical reasons (corneal disorders, diabetes, cataracts, glaucoma suspect, double vision.etc.) you are being provided with medical care. Typically your vision company does not provide coverage for medical care. Therefore, we will file a claim with your medical insurance for visits and procedures related to medical complaints and problems. Fundus photography, glaucoma screening, retina scans and visual field tests are some of the medical tests conducted in our office. You will be advised prior to all additional medical testing that your medical insurance will be billed. Your insurance company will notify you of additional financial responsibility (if any) beyond your co-payment.

\_\_\_\_\_\_\_ I understand that my major medical insurance will be billed for medical procedures performed in this office.

Please sign one in each section below

**Section 1:**

My visit today is only vision (glasses/contacts) related. Please bill my vision coverage.

Patient signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have medical issues or eye complaints today. Please bill my medical insurance.

Patient signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2:**

If the physician notes medical eye issues during my examination today, I wish to be informed, but will return to discuss and/or treat them at another visit.

Patient signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the physician notes medical eye issues during my examination today, I wish to discuss and treat them on this visit. I understand that I am giving authorization for my medical insurance to be billed for this.

Patient signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_