

Welcome to Cleveland Vision Center!

About Today's Visit:

At Cleveland Vision Center we believe your eye health and vision are very important. In order to keep you seeing and healthy we perform **comprehensive eye exams** which address aspects of your vision, ocular and systemic health. This is different from a "routine vision exam" because the testing performed and information gathered is much more in depth.

The Difference between Vision Insurance and Medical Insurance

Vision insurances (EyeMed, VSP, Spectera etc.) help to cover a comprehensive vision exam to evaluate your need for eyeglasses/contact lenses or to adjust the prescription for your eyewear and are for people who have no eye disease or symptoms of disease. This exam is not intended to evaluate and treat the medical health of your eyes for conditions such as diabetes, glaucoma, macular degeneration, dry eye etc. or for prescribing medications. This exam will be billed to your vision insurance plan.

Medical insurances (Anthem, Medical Mutual, Medicare etc) help to cover a comprehensive medical evaluation and treatment of your eye and is done because of a complaint from the patient about an eye problem, or existing medical condition such as diabetes, glaucoma, dry eye, cataracts, etc. During this exam, a refraction is commonly performed. A refraction is a diagnostic test used to determine your best corrected vision. The majority of medical insurance companies do not cover this procedure. This type of exam is no longer considered "routine". The exam will be billed to your medical insurance plan, and we can balance bill your vision insurance for any out of pocket exam expenses if you have active coverage.

Annual Contact Lens Evaluation/ Prescription Renewal

A contact lens prescription is a separate portion of an eye exam, as not everyone wears contact lenses and this portion of the exam is strictly for the purchase of contact lenses only. It is determined through additional testing by your Doctor and Technician annually, including measurements of the shape and contour of your cornea, evaluation of your cornea, eyelids and lashes. The prescription is written for a specific brand, material, power and size. It may vary from your eyeglass prescription due to the fact the contact lens sits directly on your eye. Contact lenses are medical devices and require annual monitoring. These prescriptions are good for one year, after which, a new evaluation is needed. Fees for this additional portion of the exam vary based on a variety of factors, including whether you are a current contact lens wearer, a new contact lens wearer and what type of contact lenses are being fit and the charge *begins* at \$50.00. Most insurance companies consider contact lenses to be "elective" or "cosmetic" and are not medically necessary. Due to this fact, most plans do not cover the contact lens portion of the exam but may provide a discount to you.

_____ (Initial) I agree to the contact lens evaluation today and understand there is an additional fee.

_____ (Initial) I decline the contact lens evaluation and understand I will not have a valid/ current prescription for contact lenses.

Health Insurance Portability and Accountability Act (HIPAA)

In compliance with the Federal Regulations of HIPPA's Privacy Rule, this notice describes how medical information about you may be used and disclosed by Cleveland Vision Center and how you can obtain access to the information. Please review it carefully. We are happy to provide a personal copy for you per your request.

_____ (Initial) I acknowledge that I was offered/received a copy of Cleveland Vision Center's Notice of Privacy Practices.

Assignment of Insurance Benefits

_____ (Initial) I hereby authorize all medical and/or material benefits, to include major benefits to which I am entitled including Medicare and other government sponsored programs, private insurance and any other health plans to Cleveland Vision Center. This assignment will remain in effect until revoked by me in writing. I understand that I am financially responsible for all charges whether or not paid by said insurance, including late fee and rebilling fees. I hereby authorize said assignee to release all information necessary to secure the payment of said benefits.

_____ (Initial) I have read and understand the above information pertaining to the billing of my exam.

Patient (or Guardian) Signature

Patient Name (Print)

Date