TX VC TEXAS VISION CLINIC

Vision vs Medical Insurance

Your reason for being seen at the eye doctor and the results of your examination determine whether your insurance company will classify the exam as a "vision exam" or a "medical exam."

What is a **vision exam**?

Vision care plans (like Eyemed, VSP, Superior Vision, Davis) only cover routine vision exams along with eyeglasses and contact lenses. Vision plans only cover a basic *screening for eye disease*. They do not cover diagnosis, management or treatment of eye diseases.

What is a **medical exam**?

Medical insurance (like Medicare, BCBS, United Healthcare, Humana, Aetna) must be used if you have any eye health problems or systemic health problems that have ocular complications. Some common conditions include allergies, dry eye, diabetes, cataracts, macular degeneration, and glaucoma. Your doctor will determine if these conditions apply to you, but some are determined by your case history.

What if I have both **medical and vision insurance**?

If you have both types of insurance plans, we will try to coordinate your benefits between the plans to minimize your out-of-pocket expense. If your insurance does not allow coordination of benefits, it may be necessary to complete the vision and medical exams on separate dates as we cannot bill both plans for a full exam on the same visit.

I have read and agree with these policies.

X_____ _____

Patient signature (Legal guardian if minor) Date

Refraction Notice

Which is better 1 or 2? This is the test that the doctor determines your glasses prescription by moving lenses in front of your eyes to make your vision clearer. This determines your glasses prescription. Most medical insurance plans do not cover the refraction as there is nothing medically harmful about needing glasses. All Optometrists and Ophthalmologists charge for this service. Refraction has a flat fee of $55.00. Payment is required on the day of service.

X_____ _____

Patient Signature (Legal guardian if minor) Date

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HIPAA – NOTICE OF PRIVACY PRACTICE

Law requires that Texas Vision Clinic make every effort to inform you of your rights related to your personal health records. The HIPAA notice of privacy protects how your information may be used or disclosed and how you may gain access to your personal health information. We will not release your information unless it directly involves your care. A full explanation of our policy is available upon request.

_____ A copy of Texas Vision Clinic's Notice of Privacy Practice is made available to me and I agree with it. I have read or been shown this form and am voluntarily agreeing to the form. _____The Notice of Privacy could not be read due to emergent nature of the care and will be acquired when possible.

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NOTICE OF INSURANCE ACCEPTANCE

(Only applies to those using insurance)

At Texas Vision Clinic, we strive to understand, accept, authorize, and properly process your insurance benefits. Please be advised that if you are using insurance coverage, this is a contract between you and your insurance company, not Texas Vision Clinic. We will work diligently to resolve any possible difficulties with your insurance company. Ultimately, you are the responsible party for all services and products rendered.

By signing my name below, I acknowledge that I have read or had explained to me Texas Vision Clinic's Notice of Privacy Practice and agree to continue my care with Texas Vision Clinic under said terms.

Patient's Printed Name _____

X _____ _____

Patient (Or Guardian of Patient) Signature Date

HIPAA Right of Access Form for Family Member/Friend

I, _____, direct my health care and medical services providers and payers to disclose and release my protected health information described below to:

Name: _____ Relationship: _____