EYE ASSOCIATES of Winchester
An AVP Company

UNDERSTANDING WHEN MEDICAL INSURANCE VS. VISION INSURANCE IS BILLED

Please be aware although you're seeing an eye doctor today, this doesn't guarantee that your vision insurance will be billed. When patients are seen by an eye doctor, for any diagnosis that is considered a medical condition the practice is REQUIRED to bill patient's medical insurance. This is a guideline which we cannot make any exceptions for. Unfortunately, we are not entirely sure if your visit will qualify under a medical or routine eye exam until you're seen by the doctor, and they determine a diagnosis. By having you answer the questions below we can get an idea whether your visit may be billed to your medical insurance plan. Vision plans are for routine exams ONLY. Answer the following questions below and if you would like additional information, please ask the front desk.

During your visit if you choose to have the following additional testing performed the associated cost will be due upon check-out as a self-pay service:

Refraction: (if we're not billing vision insurance for your exam) $45.00 **DMV Visual Field:** $105.00

Forms Fee: (all forms/paperwork the office fills out at the patient's request) $25.00

1. PLEASE CIRCLE ANY ISSUES YOU ARE CURRENTLY HAVING: *Helps determine medical or vision exam

Itchy Eyes Difficulty reading small print Problems with glare "Crow's feet"
Double Vision Tired of wearing glasses Watery Eyes Red Eyes
Swollen eye lids Difficulty driving at night Floaters Headaches
Eye Pain Can't see fine lines "Laugh lines" Change in vision
Droopy Eyelids Eye Strain Glasses don't fit or work as well.

2. DO YOU CURRENTLY WEAR CONTACT LENSES? NO YES **ARE YOU INTERESTED IN LASIK?** NO YES

Are you having problems wearing them? NO YES **Are you interested in wearing contacts?** NO YES

3. ARE YOU CURRENTLY TAKING ANY OF THE FOLLOWING MEDICIATIONS?

PLAQUENIL (HYDROXYCHLOROQUINE) TOPAMAX (TOPIRIMATE) GILENYA (FINGOLIMOD)

4. HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING? * If yes today is likely a medical exam

GLAUCOMA CATARACTS DIABETES FAMILY HISTORY OF GLAUCOMA HIGH BLOOD PRESSURE

By signing below, I or my legal representative, certify I have read the previous document in its entirety. I acknowledge I was offered additional resources and explanations. I understand the contents and hereby agree to all terms and conditions set forth above and acknowledge receipt of a copy if requested.

PRINT_____SIGNATURE_____DATE_____