



ABOUT YOUR BENEFITS

There are two types of benefits that will contribute toward your eye care services and products. You may have both types and Wilson EyeCare accepts most plans in both categories:

- 1) Vision Plans (such as VSP, EyeMed, Davis, and others)
- 2) Medical Insurance (such as BlueCross/BlueShield, Medicare, Medicaid, and others)

Vision plans contribute toward routine eye and vision wellness exams, along with eyeglasses and contact lenses. Vision plans do not contribute toward medical eye care (the diagnosis, management, and treatment of eye health problems.)

Medical insurance (or health insurance) must be used for medical eye care.

If you have both types of benefits, it may be necessary for us to bill some services to one plan and some services to the other. We will follow a procedure called coordination of benefits to do this properly and to minimize your out-of-pocket expenses and co-pays. If some fees are not paid by your vision plan or medical insurance (such as amounts applying to deductibles, co-pays, or non-covered services), we will bill you for them as allowed by the plan contract.

TECHNOLOGY FEE

Our office takes great pride in using the most advanced technology available for your eye exam, including the new Optomap Daytona retinal imaging. The Optomap Daytona gives your doctor a wide view of the inside of your eye and a permanent record of your eye health status. We perform this screening test at all comprehensive eye exams and an additional \$29 fee is charged that is not covered by most benefit plans. In cases where retinal photos are needed for documentation and tracking of medical conditions, we will bill your medical insurance for high resolution medical images and your obligation will be any applicable co-payment or amount that applies toward your medical insurance deductible.

NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been given the opportunity to receive and review a copy of the Wilson EyeCare Associates Notice of Privacy Practices.

I have read and accept these policies outlined above.

Patient/Parent Signature

Date

Print Patient Name

DOB