TRI-STATE
OPTICAL CENTER

Many patients have both vision and medical insurance.   They are very different in terms of the services they cover, and in an effort to help our patients understand the differences between the two we would like all our patients to read and understand the following:

Vision coverage is designed mainly to cover the service of determining a prescription for glasses, to help pay for glasses or contact lenses, and to cover a wellness check to screen for any eye diseases.   Vision coverage is not equipped to deal with and does not usually cover medical conditions and/or treatment plans.   Similarly, medical insurance is designed for when you have a medical problem that affects the eyes; it does not cover examinations for glasses, or routine vision problems such as nearsightedness, farsightedness, and astigmatism.   Our office does not make these policies.   These are rules that are set up by vision and medical insurance companies, and as a health care provider on those panels, it is necessary for us to comply with them.

When a medical condition is present that affects your eyes, (including but not limited to high blood pressure, high cholesterol, or diabetes), or you have an eye disease such as infection, dry eyes, or cataracts, among others, we must often file the claim with your medical insurance and the co-pays and deductibles for that insurance will apply.   However, if it is necessary to file the eye exam services medically, you can still use your vision insurance benefits towards glasses or contact lenses.

There is often no way to know prior to your examination which type of insurance must be used.   We make every effort to be on many insurance panels for your convenience, and in the event that we are an out-of-network provider for your medical or vision insurance we will provide you with an itemized receipt so that you may file a claim with your insurance yourself for reimbursement.

If you have any questions, please let us know.

By signing below, I indicate that I have read and understand the above statement.

Name (printed):_____

Signature:_____

Date: _____