

# BRENART EYE CLINIC

## Vision and Medical Insurance Explanation and Authorization Form

Vision and Medical insurance are very different in terms of the services they cover, and it is important for our patients to understand the differences. Vision coverage (e.g. VSP, Spectera, EyeMed, Davis, etc.) is designed to determine a prescription for glasses and/or contact lenses, and often includes discounts or “material benefits” to reduce the cost of glasses and/or contacts. It also allows for screening of many medical conditions (e.g. diabetes, cataracts, dry eye, glaucoma, etc.).

When a medical condition is present, or if additional testing is needed related to a medical condition we must file the visit to medical insurance (BCBS, Aenta, UHC, Cigna, etc.), these tests and exams cannot be sent to your vision insurance. Co-pays and deductibles for the medical insurance will apply. Please note that these are rules set by both the vision and medical insurance companies, and we are required to follow those rules.

We cannot always determine the details of which insurance will be filed prior to the exam, but during the exam the doctor can answer any questions you have regarding specific tests. **If you are here for a vision exam and the doctor orders a medical test you will be notified prior, you always have the right to accept or refuse a given test.**

Below is a list of conditions which often result in medical filing, this is not a complete list.

- New/sudden blurry vision
- Double vision or eyestrain
- Loss of vision
- Dry or itchy eyes
- Eye pain, red eyes
- Glaucoma or glaucoma suspect
- Foreign body in the eye
- Retinal changes (hemorrhages, holes, tears, swelling, macular degeneration)
- Diabetes
- Amblyopia
- Strabismus

We make every effort to be on medical insurance carriers for your convenience and we will file those medical claims directly. In the event that we do not take your insurance we will provide you with an itemized receipt so that you may file with your carrier for reimbursement. **We are not able to take any HMO insurances for medical benefits.** If you have any questions please let us know.

**I understand the information above and authorize Brenart Eye Clinic to file my insurance by the above guidelines.**

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_