



Examination and Fees notice:

VISION AND MEDICAL BENEFITS:

As NWECP is a specialty clinic, there are more opportunities that a medical eye examination will be performed in lieu of a standard routine eye examination. For insurance purposes, eye examinations are broken into two categories; Medical & Routine. Routine eye examination benefits cannot be applied to a medical carrier and medical eye examinations cannot be applied to a routine carrier. If you have been referred to NWECP for a comprehensive evaluation, especially for a therapy consult, you will most likely be provided a medical eye examination. Understanding the difference between the two types of examinations and your carriers will help you complete a financial plan for your visit.

Medical Eye Examination that includes a refraction:

This evaluation will include an assessment for medical conditions related to the eyes, including, but not limited to: TBI's (traumatic brain injuries), ABI's (acquired brain injuries), neurological diseases, developmental conditions, glaucoma, macular degeneration, cataracts, dry eye syndrome, corneal disorders, double vision, infections, diabetic retinopathy, injuries, foreign bodies, etc. **ALL** Medical examinations are billed to your medical carrier regardless that you have private routine insurance. These fees could be applied to a deductible, or you could have a co-pay or co-insurance. **Please Note:** All of the out of pocket expenses are due at the time of service.

Routine Vision Examination:

A vision examination includes a general screening for eye disease and a refraction. (A refraction is a service that is provided to obtain the measurement of a prescription for glasses.) These types of examinations **DO NOT** include an evaluation or treatment of any medical conditions.

**I understand the difference between a Medical Eye Examination and a Vision/Routine Exam _____ initial*

CONTACT LENSES:

Additional testing is required for the evaluation and management of contact lenses. Due to this requirement of additional evaluation above a routine eye examination, there will be an additional fee. Contact lens fittings are required on all new **and** established patients. Fees will vary based upon the evaluation needed as well as the type of contact lenses prescribed. The fee range can be \$50.00-\$200.00. There are a few vision carriers that will reimburse for these fees when billed with an eye exam.

**I understand that additional fees apply to contact lens services _____ initial*

REFRACTION FEE:

A refraction is a required measurement used to determine the amount of prescription needed to correct your vision, if any. Glasses may be prescribed from the refraction provided. Most medical insurances will **NOT** pay for refractions. You will be required to pay the \$50.00 refraction at the time of service. If there is a chance that your carrier may reimburse, we will bill it for you.

**I understand that refractions are not covered by most medical carriers _____ initial*

I have read all of the information above and understand that my services will be billed to the appropriate insurance provided based upon the information outlined in this document. I understand that additional fees apply for contact lens and refraction services, if they are performed. **(Signing the understanding of the policy does not dedicate a patient to services such as the contact lens fitting.)** I assume responsibility for any fees that are not covered by my insurance carrier.

Patient Name: _____

Signature: _____

Date: ___/___/___

Printed Name: _____

Relationship to the Insured: Self Guardian Power of Attorney