



## Today's Eye Exam: Notices and Fees

### VISION VS. MEDICAL

For insurance purposes, eye exams are broken into two categories; **Medical Exams** and **Vision Exams**. Medical insurance will not pay for routine eye care. Vision insurance will not pay for medical eye care. Regardless of the type of exam you have, you will receive excellent care with Oregon Eye Specialists. Understanding the difference between Medical Exams and Vision or Routine Exams helps us bill your insurance properly and helps to prevent unexpected out of pocket expense for you.

- **Medical Exams:** Medical Exams include evaluation, assessment, and/or treatment for medical conditions related to the eyes including, but not limited to, diabetic retinopathy, glaucoma, cataracts, macular degeneration, dry eye syndrome, infection or injury. Medical Exams are billed to your medical insurance.
- **Vision Exams:** Vision or Routine Exams include a general screening for eye disease and a refraction (a measurement done to prescribe glasses and/or contact lens). Routine eye examinations **DO NOT** include focused evaluation or treatment of medical conditions (corneal disorders, diabetes, cataracts, glaucoma, or dry eye syndrome). Should a medical condition be discovered during your Vision or Routine Exam you may be scheduled for another appointment to complete further medical evaluation.

*\*I understand the difference between a Medical Exam and a Vision or Routine Exam \_\_\_\_\_ initial*

### CONTACT LENSES

The Food and Drug Administration considers contact lenses Class II and Class III medical devices. Consequently, they are regulated by prescription laws similar to that of prescription medications. Oregon law states that patients are entitled to a copy of their contact lens prescription each year *after* a fitting or refitting examination is performed by a physician. These procedures are separate and distinct from a general eye examination. As mentioned above, every contact lens exam is separate and distinct from your basic eye exam and correspondingly has separate fees.

- **Contact Lens Evaluation \$50.00** - Applies to the examination of soft or rigid contact lenses to renew the patients' prescription. Does not include follow-up visits.
- **Annual Contact Lens Evaluation \$100.00** - For existing patients who are not due for an annual exam. Provides patient with an examination of soft or rigid contact lenses to renew their prescription as well as a glasses prescription. Does not include follow-up visits.
- **Contact Lens Fitting and Follow-up \$175.00** - For new contact lens wearers and existing patients requiring a change into a different rigid or soft contact lens. Includes training on insertion and removal of contact lenses, cleaning and care system, education on risk of wearing contacts and will require at least one follow-up visit to evaluate the contacts and eye health after wearing them a minimum of one week. This fee is in addition to a comprehensive eye examination.

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

### REFRACTION FEE

A refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary for determining if you need a new prescription. Many medical insurance plans, including Medicare, will not cover a refraction during a Medical Exam, in which case, the \$50 refraction fee will be due at the time of service.

*\*I understand that refractions are not covered by medical insurance \_\_\_\_\_ initial*

**I have read all of the information above and understand that my services will be billed to the appropriate insurance based upon the information outlined in this document. I understand that additional fees apply for contact lens and refraction services and I assume responsibility for any fees that are not covered by my insurance.**

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Do you have prescription sunglasses?  YES  NO Are you happy with your reading & distance vision?  YES  NO Do you use a computer?  YES  NO If yes, how many hours per day? \_\_\_\_\_