

BILLING FORM

VISION insurance is intended to provide you with a baseline eye evaluation. It will only cover what is considered a **ROUTINE** eye exam one time a year.

MEDICAL insurance can be applied to medical exams. These exams include but are not limited to: corneal disorders, such as dry eye; diabetes; cataracts; glaucoma/ glaucoma suspect; double vision; infections, pain etc.

If any extra testing is involved with your exam, we must use medical insurance.

CLAIMS ARE FILED DAILY AND WILL NOT BE CHANGED AFTER THE APPOINTMENT

ONLY 1 INSURANCE PLAN WILL BE BILLED TODAY.

WE WILL BILL ACCORDING TO YOUR SIGNATURE.

ONLY SIGN 1 LINE.

Patient Name: _____

Date of Visit: _____

- 1) I am here for an ANNUAL Visit & Wish to discuss MEDICAL CONCERNS – USING MEDICAL INS (Which is subject to COPAYS/ DEDUCTIBLES/ CO-INSURANCE, etc)

_____ SIGN

- 2) I am here for ROUTINE ONLY – USING VISION INSURANCE

_____ SIGN

- 3) I am here for ROUTINE ONLY – USING MY MEDICAL INS w/ ROUTINE BENEFIT (My medical plan offers 1 Routine Comprehensive visit per calendar year)

_____ SIGN

- 4) I am here for a MEDICAL Visit OR Problem – USING MEDICAL INS (Which is subject to COPAYS/ DEDUCTIBLES/ CO-INSURANCE, etc)

_____ SIGN

- 5) I am here for a SELF PAY VISIT

_____ SIGN

TECHNICIAN USE ONLY

***If you decide to use your VISION insurance for a ROUTINE exam and the Doctor decides you need medical testing/ medical exam, you have the option to:

RESCHEDULE for Testing _____

OR

CHANGE TO MEDICAL _____

TECH INITIAL _____

COPAYS, DEDUCTIBLES, COINSURANCE, & NON-COVERED SERVICES MAY APPLY

REFERRAL OBTAINED FOR MEDICAL VISIT: YES _____ **NO** _____

Patient or Guardian Signature

Date

Relationship if not signed by Patient

Thank you for trusting your eye health to us, Des Peres Eye Center