

## OFFICE POLICY FOR ALL PATIENTS

For the benefit of our patients the doctors of Westwood Ophthalmology Associates have enrolled in numerous health insurance programs. Please be advised that we do not participate in any “vision” plans. Such plans do not cover medical services rendered by our physicians. Ophthalmologists are medical doctors, highly trained physicians and eye surgeons whose professional services are typically covered under medical insurance plans. Unfortunately, due to the intricacies of the many different health insurance plan policies, and how frequently they change, it is simply not possible for us to keep up to date with the specific coverage of each individual patient’s plan. It is ultimately the patient’s responsibility to understand his or her insurance plan’s policies with regard to eye care. Health insurance companies have been covering fewer services in recent years throughout medicine and passing the cost along to the patient. There may be portions of your exam today that are not covered by your insurance plan. You will be responsible for those charges. We know how confusing this can be, so we wanted to point out some common billing misunderstandings *before* your visit with one of our physicians:

**“Referrals:”** Some plans require that you obtain a referral from your primary care doctor before you see a specialist like one of our ophthalmologists, otherwise they won’t pay for it. It is your responsibility to find out if a referral is necessary in your plan. You must have the necessary documentation at the time of your visit in order to be seen.

**“Deductible:”** Under some plans the insurance coverage does not kick in until you have first spent a certain amount of money yourself, out-of-pocket, for doctor visits. This amount is called a “deductible” and can be as high as a few thousand dollars in some cases. If you have not yet met your plan’s annual deductible for this calendar year, then you may be responsible for the entire bill. Many patients forget that when a new year begins the deductible begins again as well. Please check your plan so that you are not surprised.

**“Co-Payment:”** By now most patients are familiar with this policy imposed by many insurance plans. This is the portion of the exam fee that your plan expects you to pay. “Co-Pays” are expected at the time of service and may differ between a specialist and primary care doctor. Your insurance card often lists the exact amounts.

**“Well-Care Vision Coverage:”** Some plans will cover the cost of an annual eye exam whether or not a medical problem exists or is found on exam. This is typically called “well-care” coverage. Others will only pay the claim if a medical disorder is discovered. Find out what your plan says about this. Many plans do not consider the need for eyeglasses for distance or reading a medical disorder, so you may be responsible for the bill if you do not have well-care coverage. Likewise, “routine” or normal eye exams where no problem is found may not be covered without a “well-care” provision.

**“Refraction:”** This is a diagnostic test performed during most complete eye examinations and in some shorter visits to determine the optical state of the eye (near or far-sighted, astigmatic, presbyopic). Refractions are medically necessary to properly diagnose and treat eye disorders and are also the basis for prescribing glasses and contact lenses. Some health insurance companies inexplicably simply stopped paying for this test despite our strenuous objections. As it is a critical piece of medical information our physicians must continue to perform refractions when indicated. Your insurance company may be one of those that does not cover this test. Please check in advance.

**“Pre-Existing Condition:”** Some policies will not cover care related to a medical disorder that was diagnosed prior to the start of coverage with that particular company/plan. Check to see if such provisions apply to you.

I HAVE READ AND UNDERSTAND THE OFFICE POLICY STATED ABOVE AND AGREE TO ACCEPT RESPONSIBILITY FOR ANY NON-COVERED SERVICES.

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Patient Name

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Date

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Patient Signature / Guardian Signature