Omaha Center for Sight
Routine Eye Exams, Medical Eye Exams, and Refractions
Please Read Before Your Clinic Visit

Regular eye examinations are important to maintain your vision for your lifetime. It is important that you are aware of your insurance benefits and how they apply to your visit so you will know how billing will be handled. Ultimately, it is your responsibility to know what your own medical or vision plan covers. We hope this information will help you understand how your visit is submitted to your insurance for today's visit and future visits with Omaha Center for Sight.

Benefits may vary based upon the reason for your visit. Your description of your eye condition and eye examination findings will determine how your visit is coded and billed to your insurance.

Routine Eye Examinations: A routine eye exam takes place when you have an eye examination without any medical eye problem and there are no symptoms except for visual changes that can be corrected by eyeglasses or contact lenses; the doctor examines the eyes for disease and finds no medical problems.

Vision Insurance: Vision insurance plans such, as VSP and Eyemed, only cover routine eye examinations. If you have vision insurance we need to be aware of this coverage prior to scheduling your exam as we are not a provider in these plans.

Medical Eye Examinations: Your visit will be coded as a medical eye examination whenever you are being evaluated or treated for a medical condition or symptoms, eye problems you tell our staff about, or a condition that the doctor finds during the examination. Examples that will necessitate your visit being submitted to your medical insurance may include headache, diabetes mellitus, dry eyes, allergies, floaters, glaucoma, cataract, eye muscle imbalance, lazy eye, macular degeneration, and other conditions.

In summary, how your eye exam will be submitted to your insurance carrier will depend upon what you tell the doctor, what the doctor finds upon examination, as well as the specific rules and regulations of Medicare and individual insurance carriers. Remember, there are vision plans that do not cover medical exams and medical plans that do not cover routine eye care. If you have any questions, please ask a staff member.

What is a Refraction?

A refraction is a vision test that determines your best-corrected visual acuity with eyeglasses. This is a measurement that the doctor or technician determines with an instrument called a phoropter that holds corrective lenses in front of your eyes. While you look at the eye chart through the phoropter, the lenses are adjusted until the clearest vision possible is achieved. You may hear the doctor or the technician say something like, "Which is better, lens one or lens two."

This test is often performed on your first visit with us, your annual visit, and anytime there is a vision change. With it we may provide you with a prescription for updated glasses, or a refraction may be required by Medicare, Tricare, or other insurance plans to determine if you qualify for particular surgical procedures such as cataract, cornea transplant or laser eye surgeries.

Will your insurance pay for a refraction?

Even though this is a vital test for the care of your eyes, Medicare and most insurance companies do NOT cover the refraction fee. We are required to charge for this service regardless of whether insurance will pay. If you choose to receive a refraction at your visit there is a fee of $60 that you will be required to pay at the time of your visit. As a courtesy to our patients, we will file this charge to your insurance company, however it is typically not covered. If your insurance plan should reimburse our office for this test, we will refund you the difference. This is a charge at all medical and surgical Ophthalmologists' offices. If you wish to forego the refraction, please inform us before we begin performing any testing of your eyes.

Omaha Center for Sight
Financial Policy, Medical Examination, Refraction, No Show/Cancellation/Reschedule Policy, and Privacy Notice
Please read both sides of this sheet before your eye examination.

Thank you for choosing Omaha Center for Sight for your eye care needs. Please read the following information to help you understand our billing process, privacy policy, and Medicare authorization notice. All patients must agree to our financial and privacy policies before receiving treatment. If you are a Medicare participant, a signature is required stating that you agree with the financial terms of Medicare.

Omaha Center for Sight files insurance claims for patients as a courtesy. It is your responsibility to know if Dr. Peters is a participating provider with your health plan. It is also your responsibility to verify the benefits covered by your plan, as some insurance companies may not cover all of the services provided to you. We cannot bill your insurance company unless we are given complete and accurate insurance information. Any balance left after processing of our claim by your carrier (deductible or co-insurance) is your responsibility. If your deductible is unmet a *down payment of $150* will be collected at the time of services. If your insurance company has not responded and paid its portion of your account in full within 45 days of the date of service, the balance will become your responsibility to pay in full by the statement date.

Co-payments are always due at the time of service. Our contractual agreement with your insurance carrier prevents us from waiving your required co-pay amount. We have the right to refuse to see you if the co-payment is not paid in full at time of service. Omaha Center for Sight is considered a specialist by most insurance companies.

Self-pay patients are required to make a down payment of $200 at the time of services and the remainder will be billed to the patient.

The patient balance is due within 15 days of the statement date unless you have made other arrangements with our business office. We will collect all outstanding patient balances prior to each visit. We have the right to refuse to see you if the previous balance is not paid in full at the next time of service. If you ignore billing statements without paying them, we will assume that you do not intend to pay for the medical services that were provided and will forward your account to an outside collection agency.

We accept cash, checks, and credit cards.

Workers' compensation claims will be filed with your employer or your employer's workers compensation insurance carrier. Written or telephone authorization is required from your employer prior to treatment. If prior authorization is not obtained, you are responsible for full payment at the time of service.

We do not file third-party claims but will provide you with any information that is required. The patient is ultimately responsible for all services provided.

We require 24 hours notice for cancellations and rescheduling of appointments. Failure to give notice of cancellation and rescheduling with 24 hours or more notice will be noted as a "no show" appointment and charged $30. Although we understand how easy it can be to forget an appointment, we reserve the right to dismiss patients who habitually miss appointments.

You have been given the opportunity to read and/or receive a copy of Omaha Center for Sight's "Notice of Privacy Practice Policy." You realize that you are to review the "Notice of Privacy Practice Policy" carefully and that this signed notification will be kept on file at Omaha Center for Sight.

By signing below you agree that you understand the difference between a routine vision examination and medical eye examination which is explained on the back of this page. You understand and agree to the potential implications of these differences and the potential for fees that may include co-pays, deductibles, and/or co-insurance fees. You understand that you are responsible for any of these fees that your insurance does not cover. You further understand that a refraction is an important test that you may need, and if so, that you may be responsible to pay for this test.

I UNDERSTAND AND AGREE TO THE TERMS OF THE FINANCIAL POLICY, PRIVACY NOTICE, AND MEDICARE AUTHORIZATION. I UNDERSTAND MY APPOINTMENT WILL BE BILLED TO MY MEDICAL INSURANCE. I UNDERSTAND AND AGREE TO THE NO SHOW/CANCELLATION/RESCHEDULE POLICY AND CONSENT TO TREATMENT.

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Signature of patient, responsible party, or beneficiary Date

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Printed name of patient, responsible party, or beneficiary