UNDERSTANDING THE DIFFERENCE BETWEEN VISION EXAMS AND MEDICAL EYE EXAMS

Vision plans and medical insurance are very different in terms of the services they cover, and it is important for patients to understand these differences.

Name: _____

Birthday_____

What Patients Need to Know

Doctors of Optometry:

- ✔ Are legally and ethically required to explore and investigate any vision loss or sight threatening conditions
- ✔ Will determine the appropriate exam, testing and plan for any condition
- ✔ Will determine appropriate insurance filing type (medical or vision) based on reason for visit/exam results
- ✔ Will file claims for you if they participate in your particular plan

Insurance is complicated and varies from plan to plan. The patient must be aware of coverage specifics, deductibles, co-pays and co-insurance for their plan and are responsible for all payment amounts required.

Vision Care Exams Defined

- No medical problems
- Routine examinations

Vision care exams only cover:

- Refractive services - need for glasses contact lenses
- Basic evaulation of eye health
- No particular symptoms or problems

Vision exams do not cover:

- Any medical testing
- Any diagnostic testing
- Any medical treatment/therapy

Medical Eye Exams Defined

Medical exams are comprehensive or problem-focused evaluations of problems affecting the eyes and visual system

Medical eye exams:
Do not typically include refraction or need for prescription glasses per medical insurance rules

Medical eye problem examples:

- Having diabetes, hypertension or other systemic diseases that impact eye health
- Cataracts
- Eye infection/red eyes
- Glaucoma or glaucoma suspect
- Macular degeneration
- Dry eyes/allergies
- Use of certain high-risk medications
- Prior history of ocular surgery, injury or disease

Doctors of Optometry often must utilize medical insurance, not vision insurance, for all medical eye conditions

Applicable copays/deductibles apply as they would for any medical encounter

Signature _____

Date_____

AMERICAN OPTOMETRIC ASSOCIATION

CITRUS VISION OPTICAL

glasses2day.com

Name: _____ Date_____

Address: _____ City: _____ Zip: _____

Birth date: _____ Phone: _____ _____ Texting ok? Yes No

Email_____ Gender at birth: Male Female

Glasses Insurance: _____ Member Birthdate _____

Have you noticed any vision changes? YES – Far Near Computer No vision changes

Do you wear glasses? YES NO

Do you wear sunglasses when outside? YES NO Are they Polarized and/or Transition

Do you work on a computer 4+ hours daily? YES NO Do you have computer glasses? YES NO

Do you have a blue light filter on your glasses? YES NO

How many pairs of glasses do you currently own? _____

Have you ever worn a lined bifocal/trifocal or a progressive lens? YES NO

Did you like them? YES NO If not, why? _____

Do you wear soft contact lenses? YES NO If YES, What Brand are they? _____

How often do you wear your contacts? Daily Few times weekly few times monthly very rarely

Would you like to wear soft contacts? YES NO Have you worn contacts before? YES NO

Do you understand that there are co-pays related to your glasses purchase when using your vision insurance? YES NO

Your privacy is important to us. Posted by the front window and website is the HIPAA Privacy Act that we follow. If there is anyone that you give us permission to share your information with please put their name below.

Name: _____Phone number: _____

Your Glasses are made as a specialty order. There are no refunds on glasses. We will be billing your vision insurance for your glasses and exams.

Signed: _____ Date_____

RECORDS RELEASE

Please Release the records:

Name _____
Date of Birth _____

From:

Doctor_____
Address_____
Phone number _____
Fax number _____

Include:
Last exam records
Last glasses and or contact lens prescriptions
Any diagnostic tests

Send to:
Citrus Vision Optical
Dr Brad Cook OD
700 SE 5th Terrace
Crystal River, FL 34429

352-726-2085 Phone

352-228-4123 Fax

Signed_____Date_____