



UNDERSTANDING YOUR INSURANCE COVERAGE AND BILLING PROCEDURES

"What is a Refraction?"

Eye Exams consist of 2 sections; a refraction and an ocular health assessment.

Refraction– This part of the exam determines your glasses prescription.

Ocular Health Assessment– This part of the exam consists of all the necessary pretesting needed (color vision, depth perception, pupil evaluation, ocular motilities, etc.), external ocular health evaluation (cornea, eyelids, etc.) and Internal health evaluation (retinal evaluation to evaluate for glaucoma, macular degeneration, ocular cancers, among many others).

*Insurance companies require us to itemize each section above when billing for the eye exam.

"Can I just get a refraction?"

Only in cases where you have received an eye exam within the past year from our office.

"Why does my insurance not cover the refraction?"

Vision insurances (such as VSP and EyeMed) do cover for the refraction aspect of your exam. However, medical insurances such as Blue Cross Blue Shield, Medicare, United Health Care, and Tricare never cover the refraction portion of the exam. The reasoning for this depends on your insurance carrier. Medical insurances such as those listed above do, however, cover the ocular health aspect of your exam.

"Why am I being charged a specialist co-pay when billing my medical insurance?"

Optometrists are considered specialists when billing their procedures to medical insurance companies. Any physician who is not your primary care physician will be considered a specialist when billing your insurance. This will be reflected in an Explanation of Benefits (EOB) statement sent to you by your insurance company after they have paid the claim.

"What other charges may I be billed for?"

The only charges you will be billed for are specialist co-pays not paid at time of service (this may not be printed on your insurance card) and any deductible that has been agreed upon by you and your insurance company. We have no way of determining your deductible prior to the day of service, so be sure to check with you insurance company prior to your visit if you are concerned about this. Waiving of co-pays or deductibles is considered fraudulent, therefore we are unable to dismiss these charges.

If during your exam, your physician determines a condition/lesion that requires additional testing, we will bill this procedure to your medical insurance. Conditions such as glaucoma suspect, nevi (freckle lesions both external and internal), macular degeneration, and many others require additional testing to rule out malignancies or risk of progression. Standard of Care Guidelines (a separate handout is available for this) require our physicians to order tests appropriate for these conditions to grasp a full understanding of the condition or lesion in question and determine the appropriate follow up care.

"Who do I contact if I receive a bill?"

Again, you will only receive a bill under the above circumstances and only if you have not met your deductible or did not pay a specialist co-pay at the time of service. If you receive a bill, it will come from our medical insurance billing company, SourceNet. There will be a phone number on the statement to handle all questions/inquiries. Once we have billed your insurance, our office staff does not have access to payment information and are unable to answer questions regarding coverage, so we ask that all questions be directed to SourceNet.