

## Medical Eye Examination vs. Vision Plan Examination

**If your history, testing and/or symptoms indicate you have a medical problem, or if you are diabetic, or if, during the examination, a medical eye problem is suspected, we will be performing a medical eye examination, and not a vision plan examination.**

Examples of medical diseases or medical eye problems include, but are not limited to, diabetes, crossed or lazy eye, double vision, dry eyes, allergic eyes, glaucoma, cataracts, headaches, eye infection, new floaters, patients taking Plaquenil, etc.

What is not considered a medical eye problem includes, but is not limited to, routine annual eye examinations, blurry vision needing eyeglasses, learning-related vision problems, etc.

For legal and ethical reasons we cannot perform a "vision plan examination" if you have an eye disease, are diabetic or if you are suspected of having an eye disease, because doing so would require us to ignore the medical eye problem.

**Our office does not make these rules. They are made by the insurance companies themselves and we must comply with them.**

The doctor will decide whether the visit will be a medical eye examination or a vision plan examination.

***Be aware that the "refraction" part of a medical eye exam is not covered by Medicare or medical insurance, so the refraction fee (\$65) will be collected at the time of the examination. However, we will make every effort to have the refraction fee reimbursed by your secondary insurance or vision plan.***

The primary reason for a vision plan refraction is to prescribe glasses.

The primary reason for refraction in a medical eye examination is to establish the best eyesight you are capable of because vision changes can be diagnostically significant and related to the medical eye diagnosis.

If refraction during the medical eye examination indicates you need a change in eyeglass prescription, you can still use your vision plan to obtain your glasses.

*Refraction in this office is always performed by the eye doctor and not by a technician.*

**Please sign/date that you have read and understand this form:**

Name \_\_\_\_\_ Date \_\_\_\_\_