

### UNDERSTANDING YOUR MEDICAL AND VISION COVERAGE

**Many people have both medical health care coverage and vision care coverage.**

**Managed vision care plans** only cover routine vision exams and sometimes contribute discounts to materials like glasses or contact lenses. VSP and Eyemed are two of the largest vision care plans that we accept. They are not insurance companies - they are essentially pre-paid discount policies that you purchase on your own or from your employer.

**Medical health care coverage** is your everyday medical insurance. Blue Cross, Aetna and Medical Mutual are all very common in Columbus, Ohio and are what you use with your regular doctor visits. They provide coverage for a wide variety of procedures and services here and at any other medical office. Insurance like this allows us to practice full scope optometry outside of glasses and contacts.

**Typically, we will bill your medical insurance for services that involve any eye health or systemic health conditions.** Diabetes, hypertension, high cholesterol, and long-term medication use are extremely common things that can affect your eyes. That is why we bill medical insurance - because we are treating a systemic disease that can manifest in your eyes.

Depending on how your insurance works, the part of the bill you are responsible for may vary and we can provide an estimate based on your particular plan. If fees are not paid by your plan, the remaining charges are your responsibility. If your insurance covers a portion we have collected from you, we will refund you the difference.

### CONSENT

I authorize Central Ohio Vision and Eyecare to release any information regarding treatment or examinations rendered to me to third party payers and or/healthcare practitioners. I authorize and request my insurance company to pay Central Ohio Vision & Eyecare directly any benefits otherwise payable to me. I understand my insurance carrier may pay less than the actual bill for the services and agree to be responsible for payment for all services rendered on my or my dependents behalf.

SIGNED:

DATE: