ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE AND MEMBER FINANCIAL LIABILITY ACKNOWLEDGEMENT FORM

Medicare

Medicare is a medical insurance only and does not cover the cost of the refraction portion of an eye exam. This service measures your prescription for eyeglasses and/or contact lenses. The fee is $30 for a phoropter refraction and $50 for a low vision refraction which is an out of pocket cost.

Medicare and eyeglasses for post operative cataract patients: Medicare does pay a portion of the cost of one complete pair of eyeglasses (per eye) up to one year after cataract surgery. Medicare covers a fixed amount towards frame selection and pays various amounts towards each type of lens (Single vision, Bifocal, Trifocal). However Medicare does not pay for upgrades such as progressives or transition lenses. The additional cost of these upgrades is an out of pocket expense for you.

If you have a secondary or supplemental plan associated with Medicare, please present both cards at the time of service. Please be aware that it is the patient responsibility to notify Medicare directly if you have a secondary or supplemental plan that Medicare needs to bill.

Deductible and/or Co-Insurance Plans

Many insurance plans are subject to a deductible and/or coinsurance. If the deductible has not been met or if you have a co-insurance plan, you will receive an additional bill after your insurance processes the claim. This may take up to a month to process. These monies are separate from specialist copays which are collected at the time of service.

Referrals

For major medical insurances that require a referral, it is the patient responsibility to ensure the referral is requested through your primary care physician's office. Our office will as a courtesy call your primary for you under certain circumstances, but we request that the patient follows up with the primary care physician to ensure a referral was processed for the correct date of service. If a referral is not obtained, the patient will be responsible for the entire cost.

Contact Lens Professional Fitting

This service is not covered by a majority of insurance plans. This is separate from the routine eye exam and is required every year by Pennsylvania State law to renew the contact lens prescription. The cost varies depending on the level of the fitting.

Testing

If you are having additional testing (i.e. visual field, OCT, gonioscopy, photos.. etc) or are in for a major medical issue separate from your routine eye exam, the claim will be sent through your major medical insurance carrier. These are often subject to copays, deductibles and/or coinsurance.

I,________________________, hereby agree to be financially liable for and to pay the provider the amount of the charges for certain health care services, which representatives of the provider have explained to me, may not be covered by my specific insurance plan or may have additional costs . These charges will be submitted to my insurance company and if they do not pay for the services I will then receive a bill from the provider.

Patient Signature (or Parent/Guardian) __________________________ Date_____________