

Wilson Eye Associates, Optometrists PA

About Your Insurance

We accept both types of health insurance that will help pay for your eye care services and products:

Vision care plans (such as VSP, EyeMed, Davis Vision, and Superior Vision)

Medical insurance (such as Blue Cross/Blue Shield, Cigna, Medicare and Medicaid).

Vision care plans usually cover routine vision exams. Some plans will cover both the exam and materials such as eyeglasses and contact lenses. Some vision plans may only cover a basic screening for eye disease and may or may not cover the refraction part of the vision exam. Vision plans do not cover diagnosis, management or treatment of eye diseases.

Medical insurance must be used if you have any eye health problem or systemic health problem that has ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by your case history.

If you have both types of insurance plans it may be necessary for us to bill some services to one plan and other services to the other. We will use coordination of benefits to do this properly and to minimize your out-of-pocket expense.

We will bill your insurance plan for services if we are a participating provider for that plan. We will try to obtain advanced authorization of your insurance benefits so we can tell you what is covered.

Fees that are not covered by your insurance plan(s) will be collected when you check out today. Please note, that eye-glasses and/or contacts are estimated by us based on information that is obtained from your insurance company and this estimate is not a guarantee of payment from your insurance company. If your insurance fails to pay or if any additions are missed when calculated, you will be required to pay at the time of pick-up for glasses or contacts or you may receive a statement from us for any balance due.

Please provide your insurance cards to our staff member.

Financial Information Release

I hereby authorize payment directly to Wilson Eye Associates, P.C. for all insurance benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, for all services rendered on my behalf or my dependents. Payment is due when services are rendered and before materials are ordered. Any exceptions must be approved in advance. Default of payment will subject account to all collection fees, including court costs and attorney fees if applicable. I authorize my doctor and/or any provider or supplier of services in this office to release any information required to secure the payment of benefits. I authorize the use of my signature below on all insurance submissions.

HIPAA

The HIPAA Privacy Rule requires healthcare providers to take reasonable steps to limit the use of disclosure of and requests for PHI to the minimum necessary to accomplish the intended purpose.

These provisions do not apply to uses or disclosures made pursuant to an authorization request by the individual.

Note: Uses and disclosures of PHI may be permitted without prior consent in the case of an emergency.

In general, the HIPAA privacy rule gives individuals the right to request certain restrictions on the uses and disclosures of their protected health information (PHI).

The individual is also provided the right to request confidential communications or request that a communication of the PHI be made by specified, alternative means.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICE NOTICE:

I have read and agree with these policies.

Date _____

Patient signature (parent or guardian if child)