

NEW MEDIVISION INSURANCE POLICIES & GUIDELINES

Effective 9/01/2022

While reviewing our insurance billing procedures, it has been determined that we have been incorrectly filing certain patient visits. Because of this, we will be updating our insurance filing procedures, specifically regarding Medical Insurance, Vision Plans & when it is necessary to file each type.

Medical Insurance covers any MEDICAL issue that may affect eye health or vision, such as cataracts, macular degeneration, glaucoma, certain medications, etc. Insurance plans define the visits for treating, monitoring & evaluating these conditions as ‘medically necessary’ and as such are covered by Medical Insurance.

Vision Plans are not ‘true’ insurance – they only cover a diagnosis of nearsightedness, farsightedness, astigmatism or other ‘refractive’ eye conditions (i.e. needing glasses) and provide yearly screenings for ocular disease. Most plans also cover the purchase of glasses and/or contact lenses. Management and evaluation of medical eye conditions are not considered part of ‘routine’ vision checks. Any disease process found during a ‘routine’ vision exam will need to be filed to Medical Insurance thereafter.

We will bill appropriately based on the reason for the visit, the chief complaint, medical & ocular history, the diagnoses made during the visit, and the medical decision making and/or treatment that follows the visit. Our doctors will make the final determination as to how a claim will be filed.

We understand this is different than how you have been billed in the past at our office. You may have different co-payments and/or deductible payments than in the past. We will do our best to explain these differences to you before, during, and after your visit with us.

Types of visits that require filing of Medical Insurance, not a Vision Plan (even if the visit is a yearly ‘routine’ exam):

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|----------------------------|---------------------------------|-----------------------------|
| -New or Sudden Vision Loss | -Flashing lights/floating spots | -Ocular Allergy/Dryness |
| -Diabetes | -High blood pressure | -Significant cataracts |
| -Glaucoma | -Eye pain/redness | -‘High Risk’ Medication use |
| -Macular degeneration | -Amblyopia | -Previous Eye Surgery |

(Patients with the above problems are not ‘routine’ and therefore will not be filed to ‘routine’ vision)

I have read and understand the above policies. I authorize MediVision to file my insurance by the above guidelines. I am responsible for any co-payments, deductibles or portions not covered by my insurance plan(s).

(NOTE: There may be no way to know which type of insurance, and the costs associated, will be appropriate PRIOR to the examination.)

Signature _____ Date _____