

Universal Eye Center, PA

Medical, Surgical and Routine Eye Care

310 S. Main St., Rolesville, NC 27571

Phone: (919) 438-3937 Fax: (919) 435-6792

Vision Insurance vs. Medical Insurance

Vision Insurance/Vision Coverage

This covers a routine comprehensive eye exam, when the patient's only complaint is vision related (fixed by glasses or contact lenses), or when the patient has no eye complaint at all.

If you have complaints, or if you have known eye problems which require being followed by a doctor, your vision insurance will not cover the visit.

You would then be financially responsible for the examination if you do not wish it sent to your medical insurance. Common eye complaints NOT covered by vision insurance include (but are not limited to): redness, tearing, itching, dryness, headache and floaters.

Medical Insurance/Medical Coverage

Your medical insurance WILL cover any eye exam and testing related to a non- vision (glasses or contacts) related complaint, any ongoing medical eye issue, and many systemic medical symptoms and diseases which can affect the eyes. Examples include (but are not limited to) headaches, high blood pressure, diabetes, and thyroid issues, as well as redness, tearing, itching, dryness, headache and floaters.

If the physician notes medical eye problems during the examination, it will be duly noted in your chart.

If you wish these issues to be discussed and treated, the visit must be billed to your medical insurance. If you prefer to be informed of the issues but to neither discuss nor treat them, you may return for a separate visit to address them.

Please sign 1 or 2:

1) My visit today is only vision (glasses/contacts) related. Please bill my vision coverage.

Patient Signature _____

a) If the physician notes medical eye issues on examination, I wish to be informed, but will return to discuss and/or treat them at another visit.

Patient Signature _____

or

b) If the physician notes medical eye issues on examination, I wish to discuss and treat them on this visit. I understand I give authorization for my medical insurance to be billed for this.

Patient Signature _____

or

2) I have medical issues or eye complaints today. Please bill my medical insurance.

Patient Signature _____