

## ●Understanding Third Party Benefits

We often have patients that have both a vision care plan (for example, VSP or EyeMed) and medical insurance (for example, Blue Cross, Aetna, Blue Shield, or Medicare). They are very different in terms of the services they cover, and it's important for our patients to understand these differences.

**Vision Care Plans** are designed mainly to cover determining a prescription for glasses, to help pay for glasses or contact lenses, and to cover a yearly routine evaluation of the health of the eyes in a healthy patient that has no particular problems or symptoms. It is not equipped to deal with and does not usually cover medical conditions, injuries, and/or treatments.

**Medical Insurance** is designed to cover you when you have a medical problem, including one that affects your eyes. Medical insurance does not cover routine services or examinations for glasses, or routine vision problems such as nearsightedness, farsightedness, and astigmatism. Those are only covered by your vision care plan.

When a medical diagnosis or medical condition is present that affects your eyes, such as high blood pressure, high cholesterol, or diabetes, or you have an eye disease or eye problem such as an infection (pink eye), dry eyes, allergy, or cataracts, we must file the claim with your **medical insurance**, and the co-pays and deductibles for that insurance will apply. Your vision care plan does not cover these kinds of problems. ***Our office does not make these rules, they are made by the insurance companies themselves, and we must comply with them.***

There is often no way to know prior to your examination which type of insurance will be the right one to file your claim with. We make every effort to join as many medical insurance and vision care plan panels as we can for your convenience. If we are on your insurance company's panel we will file those claims for you. In the event that we do not accept your medical or vision insurance we will provide you with an itemized receipt so that you may file a claim for reimbursement with your insurance company yourself. If you have any questions, please let us know.

## ●Image Eye Care Return Policy

If you ever have an issue with your glasses we want to know about it so we can help. In the event of an error by the lab in fabricating the glasses we will remake them at no charge. It is best to let us know as soon as possible, but notification must be no later than 30 days after picking up your glasses. Please see *Image Eye Care Return Policy* for further details.

## ●Image Eye Care Payment Policies

Payment is expected in full when services are rendered. WE DO NOT BILL. Materials must be paid for in full at the time of order. It is ***your responsibility*** to provide IEC with your correct, updated insurance information and insurance card (if applicable) at every visit. It is ***also your responsibility*** to notify IEC of any changes before services are rendered. If you do not, you may be responsible for the full amount billed. You agree to permit Image Eye Care (IEC) to file claims to your insurance and / or third-party carrier. Additionally, you assign to IEC any insurance or other third-party benefits available for services provided to you. IEC has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to IEC, you agree to forward to IEC all payments received for services rendered immediately upon receipt. You agree to assume all financial responsibility for services not covered or not fully reimbursed by your insurance and / or third-party carrier. You further agree to pay all fees and costs associated with the collection of any overdue balance on your account. Returned checks are subject to a \$25 administrative fee.