

Medical versus Vision Eye Examinations

Medical insurance will deny examinations conducted to assess vision reasons (nearsightedness, farsightedness, astigmatism, presbyopia and emmetropia). The opposite is also true. Vision insurance will deny examinations conducted to assess medical reasons (diabetes, cataract, glaucoma, dry eyes, macular degeneration, etc.).

A medical eye examination is indicated for several medical reasons:

An examination to assess presence or absence of diabetic retinopathy. As a **pre-diabetic or diabetic**, your primary care doctor, endocrinologist and/or insurance company may require you to have annual evaluations of your eyes including a report from your eye doctor to track your condition. If diabetic retinopathy(bleeding) or macular swelling is found, more frequent visits than annual examinations may be required.

An examination to assess changes in your quality of eyesight due to presence or progression of **cataracts**.

An examination and required testing to assess and/or manage your **glaucoma**. Glaucoma treatment requires more frequent visits than annual examinations.

An examination to assess and manage **dry eyes**.

An examination and required testing to assess and/or manage your **macular degeneration**. Macular degeneration may require more frequent visits than annual examinations.

These are some examples of reasons for a medical eye examination but is not inclusive of all medical diagnosis.

A vision eye examination is indicated for 5 vision reasons:

An examination to assess nearsightedness, farsightedness, astigmatism, presbyopia and emmetropia.

If you would like everything completed today, we are happy to do so. Insurance does not allow us to file a visit to medical and vision insurance on the same day. We will be happy to provide your medical eye examination today and you will be responsible for the vision evaluation and refraction fee of \$40. If you would like to schedule your vision evaluation and refraction to a different day we will be happy to do so.

If a medical eye examination is indicated, please select one of the following:

- I want my medical eye examination (medical copay), vision evaluation and refraction (\$40) today.
- I only want my medical eye examination (medical copay) today and will return for my vision evaluation and refraction another day (vision copay). I understand that I will not receive an eyeglass or contact lens prescription today.

Patient or Legal Guardian Signature

Date