

SHASTA PROFESSIONAL EYECARE CENTER INSURANCE PARTICIPATION:

VISION INSURANCE: Our office accepts most vision insurance plans. You may have vision insurance separate from your major medical plan. Vision insurance is utilized for a comprehensive eye examination for ocular wellness. Some vision plans also allow for optical benefits, which can be used to supplement the cost of vision correction via glasses and/or contact lenses.

MAJOR MEDICAL INSURANCE: Our office accepts most major medical insurance plans. We will bill all pertinent medical charges through your major medical.

COMPREHENSIVE EYE EXAMINATIONS: Routine annual eye examinations are billable to your vision insurance. *You will be responsible for any co-pay at the time of your examination.* In the event that pathology is detected during a routine eye exam, additional testing or procedures may be indicated.

ADDITIONAL TESTING AND PROCEDURES ARE AT AN ADDITIONAL COST AND WILL BE BILLED TO YOUR MAJOR MEDICAL INSURANCE. IF THE CASE OF NO MEDICAL INSURANCE, THE COST OF THE ADDITIONAL TESTING WILL BE BILLED TO YOU PRIVATELY.

PATHOLOGY FOCUSED EYE EXAMINATION: Examinations for a medical complaint will be billed through your major medical insurance.

MEDICAL DIAGNOSIS: Diagnosis by your doctor of a medical condition during a Comprehensive Eye Examination or Pathology Focused Eye Examination.

ADDITIONAL TESTING AND PROCEDURES: Testing to evaluate, to diagnose, or to manage a diagnosed pathology. Additional testing and procedures may be independent from or in addition to a comprehensive eye exam. These tests may include but are not limited to: Fundus Photography, Extended Ophthalmoscopy, Gonioscopy, Visual Fields, Pachymetry, Eye Lash Epilation, Removal of Foreign Bodies, Serial Tonometry, Punctal Occulsion, Tear Osmolarity, OCT or Optomap Testing or testing the Dr's deems necessary for the treatment or diagnosis of medical condition.

I HAVE READ AND UNDERSTAND HOW SPEC WILL BILL MY INSURANCE IF COVERED, OR CHARGE ME PRIVATELY:

Patient Signature: _____ **Date:** _____

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