

Financial Policies

Patient Name:	Date:
Insurance coverage for eye exams varies. For insurance categories. There is overlap between the two types of econfusing.	e purposes, eye examinations are divided into two xams and differentiating between the two can be
VISION EXAM: There are routine or "Well Vision" exam disease, such as an exam for nearsightedness or the ye current.	is for people who have no eye disease or symptoms of arly exams to keep your contact lens prescription
MEDICAL EYE EXAM: These exams are necessary to medical condition, such as eye infection, allergy, cataracters.	
REFRACTION: A refraction is often a necessary component of either type of exam to determine your prescription for eye glasses and/or contact lenses. It is never covered by Medicare and some other insurance plans. If not covered, the additional fee for refraction is due at the time of service.	
Insurance: If you have both Medical and Routine Vision Care coverage, often our staff can assist you in determining which type of insurance will cover your visit. Sometimes it might not be clear which type of insurance should be used until you are examined by the doctor.	
I UNDERSTAND JACKSON VISION WILL BILL THE MOST APPORPRIATE TYPE OF INSURANCE FOR THE CARE I RECEIVE AND I AM RESPONSIBLE FOR CO-PAYS, CO-INSURANCES AND AMOUNTS APPLIED TO MY DEDUCTIBLE	
A copy of Jackson Vision's Privacy Practices has been regards to the disclosure of my Protected Health Information in accordance to the Privacy	ation. I agree to allow Jackson Vision to use and
ASSIGNMENT AND RELEASE:	
I HEREBY AUTHORIZE THE PHYSICIAN TO RELEASE ANY INFORMATION REQUIRED TO PROCESS THIS CLAIM. I ALSO AUTHORIZE MY INSURANCE BENEFITS BE PAID DIRECTLY TO THE PHYSICIAN, AND I UNDERSTAND I AM FINANCIALLY RESPONSIBLE FOR NON-COVERED SERVICES.	
Patient/Guardian Signature	Date
A photocopy of this assignment shall be considered as e	effective and valid as the original.

Revised 10/21/2014