



MEDICAL AND VISION INSURANCE

There are two types of health insurance that will help pay for your eye care services and optical products. You may have both types and SharpVue EyeCare accepts most insurance plans in both categories: 1) Vision plans (such as VSP, EyeMed and others) and 2) Medical insurance (such as Blue Cross/Blue Shield, Medicare and others).

- Vision plans only cover routine vision wellness exams, along with eyeglasses and contact lenses. Vision plans do not cover medical eye care (the diagnosis, management or treatment of eye health problems).
- Medical insurance must be used for medical eye care.
- If you have both types of insurance plans it may be necessary for us to bill some services to one plan and some services to the other. We will follow a procedure called coordination of benefits to do this properly and to minimize your out-of-pocket expense.
- If some fees are not paid by your insurance, we will bill you for them, such as deductibles, co-pays or non-covered services as allowed by the insurance contract.

Please provide your insurance cards to our staff member so we can make a copy. We need to have your medical insurance card or Medicare card on file in case we should need it in the future for billing your insurance.

I have read and accept these policies.

Patient signature (Guardian, if minor patient) Date



Payment for Services, Financial Responsibility, and Authorization Statement

Payment for all services and products is the responsibility of the patient.

I agree to pay all copays, deductibles, co-insurances, and non-covered services as determined by my insurance company.

I agree to pay an additional collection fee for all accounts not paid in the time stated on the final monthly statement.

I authorize the release of medical information concerning my illness and treatment to my insurance company.

I authorize the release of my personal medical information to any doctor whom I may be referred to.

I understand verification of eligibility is not a guarantee of payment as stated by my insurance company.

I authorize payment of my insurance benefits to **SharpVue EyeCare**.

Printed Name of Patient or Legal Guardian

Signature of Patient or Legal Guardian

Today's Date

SharpVue EyeCare
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