Sandia Vision Clinic

MEMBER OF VISION SOURCE

Important Insurance & Billing Notice

Routine vs Medical

Your vision insurance typically covers preventive care, such as routine wellness exams to check your vision and update your glasses/contact lens prescription. Preventive care is intended for patients without symptoms or known eye conditions.

However, some changes in vision—such as sudden blurriness, light sensitivity, double vision, new floaters—may be signs of underlying medical issues. These symptoms often require comprehensive medical eye evaluation to diagnose and treat potential conditions. In such cases, the exam goes beyond routine vision care and becomes medically necessary.

Vision insurance does not cover medical care. If a medical condition is diagnosed or known—such as diabetes, cataracts, glaucoma, macular degeneration, retinal or corneal disorders, dry eyes (including excessive tearing), eye infections, or eye pain/redness—your visit will be billed to your medical insurance, as it is considered medically necessary, not preventive.

While our team will do their best to explain your benefits, the final determination of coverage is made by your insurance provider, not our office. It is the patient's responsibility to understand their insurance coverage, including any copays, deductibles, coinsurance, or limitations. Please note: Coverage does not guarantee full payment. You may still be financially responsible for part of the visit.

We are contractually obligated to bill all diagnoses as found. We will not alter or adjust a diagnosis to influence billing, as doing so would constitute insurance fraud, which we strictly prohibit.

Refraction Policy

Refraction is the part of your eye exam that determines your glasses prescription. It is essential for assessing your vision and is often the main reason for your visit. A refraction is also necessary to determine your contact lens prescription, which may likewise be the primary reason for your visit.

If your exam is routine, refraction may be covered by your vision insurance. However, for medical exams—or if you have Medicare or most medical insurance plans—refraction is considered a non-covered service. In some cases, refraction is required to evaluate certain medical eye conditions, such as cataracts, macular degeneration, or changes in vision due to diabetes. As such, the fee becomes the patient's responsibility. Our current charge is $59.00 plus tax, due at the time of service.

If you need a prescription recheck for glasses or contacts, you may request one within 90 days of your exam at no charge. For patients who purchase glasses from our optical,

services like prescription verification, SEG height measurements, complex adjustments, and repairs are included at no additional cost. If eyewear is purchased elsewhere, we offer these services for a $29.00 fee.

Contact Lens Fitting and Evaluation

If you wear contact lenses, your eye doctor must check your eyes and update your contact lens prescription every year to ensure your eyes stay healthy. This evaluation is not included in a standard eye exam. A contact lens prescription is different and separate from a glasses prescription because it includes additional measurements to ensure a proper fit on your eyes. The complexity of a contact lens evaluation can vary based on factors like monovision, multifocal, or astigmatism corrections. It also applies to both new and existing contact lens wearers to ensure the best fit and prescription. The fee for this evaluation is required for renewing your contact lens prescription and follows the American Optometric Association's guidelines. Your doctor will determine the cost at the time of your exam, and it may not be covered by insurance.

Medical Testing

Your doctor may need to perform medical tests to evaluate eye conditions and determine appropriate treatment or referral to a specialist. Any costs associated with these tests will be applied toward your medical deductible. If your insurance does not cover the services, you will be responsible for the full billed charges. Medical copays are due at the time of service. It is the patient's responsibility to understand their insurance coverage. While we do our best to explain benefits, the final decision on coverage is made by the insurance provider, not our office. Additionally, we are contractually obligated to bill all medical diagnoses as found. We will not alter or change a diagnosis to influence insurance coverage, as doing so constitutes insurance fraud, which we strictly prohibit.

Advanced Retinal Health Evaluation and MPOD (Macular Pigment Screening)

The Optos retinal screening is a digital scan of your eyes, and the MPOD is a risk assessment for Age-Related Macular Degeneration. Starting March 1, 2025, retinal and macular pigment screening will become a standard part of all comprehensive eye exams. A $49.00 fee for both services will be added to each exam. These screenings are *required annually and cannot be deferred*, as a complete exam requires the evaluation of the retina.

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Medicare – Advance Beneficiary Notice of Non-Coverage (ID# 85-0372149)

We expect Medicare not to pay for certain services, including routine eye exams, refractions, retinal screenings, macular pigment optical density screenings, and contact lens evaluations and materials. These services are considered part of a routine eye exam, which Medicare does not cover. They are viewed as non-medical or not medically necessary, meaning they are not treatments for a specific eye condition and are therefore not eligible for Medicare reimbursement.

Estimated Fees for Non-Covered Services:

- Routine Eye Exam: $195.30
- Refraction: $59.00
- Retinal Screening: $49.00
- Macular Pigment Optical Density Screening: $15.00
- Contact Lens Evaluations and Materials: $85.00 – $4,000.00

_____**Initials**

Financial Responsibilities

By signing below, I acknowledge that Sandia Vision Clinic will submit insurance claims on my behalf. I agree to pay any applicable copays, coinsurance, and deductibles at the time of service. I authorize Sandia Vision Clinic to receive direct payment from my insurance provider for services and products rendered. I understand that any insurance benefits quoted to me are not a guarantee of payment, and I am ultimately responsible for any remaining balance. It is my responsibility to ensure that my insurance claim is processed accurately and in a timely manner.

Authorization to Release Medical Information

I authorize Sandia Vision Clinic to request or release my medical information to or from any entity as necessary to support my medical care, per my request. This authorization remains in effect until revoked in writing.

Private Health Information

My signature below confirms that I have been informed that Sandia Vision Clinic's Privacy Policy Notice is available to me upon request, and I may request a copy at any time.

Print Name_____ Date_____

Patient/Guardian Signature_____