



YOUR EYE CARE INSURANCE COVERAGE

INSURANCE PLANS:

We are a provider for most major medical health insurance plans: Aetna, Blue Cross Blue Shield, Cigna, Harvard Pilgrim, Mass Health, Medicare, Tufts Health Plan and United Healthcare, as well as many supplemental plans. **Please verify we are in network with your insurance carrier.**

Please understand that insurance varies widely, and we cannot discern your level of coverage by looking at your card. Insurance plans cover most problems related to eye examinations, but not all plans cover annual/routine eye exams. Please consult your member services to review what your plan will cover. **It is your responsibility to know your insurance coverage and obtain a referral prior to your appointment from your primary care physician if it is required by your plan.** Initial _____

VISION PLANS:

If your insurance coverage includes a vision plan such as EyeMed for annual/routine eye care and a **medical issue is discovered on exam, e.g. cataracts, glaucoma, conjunctivitis, dry eye, your visit will not be billed to your vision plan** but will be billed to your medical insurance and related co-pays will apply.

EyeMed through Tufts, Aetna and Blue Cross Blue Shield **is the only vision plan** accepted in our Wellesley office.

VSP, Spectera and EyeMed plans are accepted in our **Waltham** office only.

Please note: We no longer accept Davis Vision at either location. Initial _____

CONTACT LENS SERVICES:

You will need a comprehensive eye examination before you receive any contact lens services. Plan to pay for contact lens services at the time the services are provided.

Checking and updating your contact lens prescription is usually done at the time of your eye examination and a separate fee of \$50 will be charged which is not covered by most insurances. If your needs are more complex or if you are interested in trying new lenses, a separate fitting appointment will be arranged, and an additional charge applies. Initial _____

REFRACTION:

The refraction is a determination of your best corrected vision and is necessary to assess the health of your eyes. This service may result in the issuance of a prescription for glasses or contact lenses.

Patients are responsible for the cost of the refraction (\$50) if it is not covered by their insurance. **Please note: Medicare excludes refraction as a covered benefit.** Initial _____

Please acknowledge the above by signing below:

_____ Date: _____