

MEDICARE GUIDE FOR EYE CARE

The patient must pay an annual deductible toward any qualified health care (currently \$110) before Medicare will pay for any services. After the deductible has been met for the year, Medicare will pay 80% of their "approved fee" and the patient pays 20% as a co-payment plus any non-covered fees.

If the patient has supplemental insurance (such as Blue Cross/Blue Shield) it may cover the cost of the deductible and co-payment.

Our office will bill Medicare and accept payment directly from them if the services qualify for Medicare coverage (see exceptions below). Any charges that Medicare will not cover are payable by the patient at each visit.

SPECIAL EXCEPTIONS

1. Medicare does not cover eyeglasses or contact lenses unless you have had cataract surgery, and then only the first pair. If you choose a deluxe frame, you will be charged any extra cost over Medicare's standard allowance.
2. Medicare does not cover the refraction part of an eye exam.
3. Medicare does not cover any services unless we make a medical diagnosis. If your ONLY diagnosis is myopia, hyperopia, astigmatism, or presbyopia, Medicare will not pay for any services.
4. Your signature on this form will serve as your "signature on file" for processing Medicare forms.

I HAVE READ AND UNDERSTAND THE ABOVE AND I AGREE TO PAY FOR SERVICES AND MATERIALS WHICH I ORDER, BUT THAT MEDICARE DOES NOT COVER.

Patient's signature _____ **Date** _____

Medicare number _____

Birthdate _____

Do you have supplementary insurance? YES NO

Supplemental insurance (name & number) _____