

Lori J. Clark O. D., Inc., An Optometric Corporation

Medicare Guide for Eye Care

General Rules

You must pay the annual deductible (**Currently \$198**) toward any qualified healthcare before Medicare pay for any services. After you meet your deductible, Medicare will pay 80 percent of the doctor's "approved fee." You will pay 20 percent as a co-payment, plus any non-covered fees.

If you have supplemental insurance (such as BlueCross/BlueShield), 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 qualified for coverage (**see exceptions below**). You are responsible for paying for any non-covered services at the time of your office visit.

Special Exceptions

1. Medicare does not cover eyeglasses for contact lenses unless we reach a diagnosis of "aphakia" or "pseudoaphakia."
2. Medicare does not cover the refraction part of the 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. Medicare may deny benefits if it feels that you are receiving examinations too frequently or receiving exams by more than one doctor for the same illness.

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

MY SIGNATURE ON THIS FORM WILL SERVE AS A "SIGNATURE ON FILE" FOR PROCESSING CLAIM FORMS.

Patient Signature: _____

Medicare Number: _____

Date: _____