

Routine VS Medical Eye Exams (Updated 8.19)

Routine Eye Examinations / Self Pay

Routine eye examinations are annual baseline eye exams for patients who have no eye diseases or symptoms. Your eyes will be examined and you will be prescribed any needed correction for eyeglasses. Contact lens fittings / evaluations are a separate fee from a routine eye exam.

- Examples of Routine Vision Insurances are **Superior Vision, Spectera, EyeMed, and Community Eyecare.**

If you report medical symptoms during a routine eye examination (***dry eyes, itching, watering, redness, headaches/migraines, flashes/floaters, etc.***) the doctor will schedule a separate medical visit to address those issues.

- All initial and subsequent medical visits will be billed to your Medical Insurance pertaining to the diagnosed medical condition(s). **All medical visits are subject to medical insurance copays and deductibles as required by insurance companies.**

Medical Eye Examinations

Exams for medical care which are for evaluation of a medical-related complaint or follow up of an existing condition are examples of an eye examination that would be billed to your medical insurance. Medical eye conditions that your doctor may diagnose may include but are not limited to; cataracts, macular degeneration, glaucoma, corneal problems, retinal problems, dry eyes, ocular allergies, floaters/floaters, headaches/migraines, and retinal pigment changes (ex. choroidal nevus).

If a medical condition is diagnosed that needs to be monitored for progression or change over time, the doctors will schedule additional medical visits as determined by the diagnosed medical condition.

Please note that if you have diabetes mellitus, and would like us to send a letter to your primary care physician regarding your eye examination, the visit will be coded as a **Medical Eye Examination**.

- All initial and subsequent medical visits will be billed to your Medical Insurance pertaining to the diagnosed medical condition(s). **All medical visits are subject to medical insurance copays and deductibles as required by insurance companies.**



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Your signature below indicates that you understand the differences between routine and medical eye examinations and the potential implications of these differences on the type of exam that gets billed and the potential for fees that may include co-pays, deductibles, and/or co-insurance fees. You understand that you are responsible for any of these fees as determined by your insurance carrier.

Please choose one of the following:

I choose to use my Routine Vision Coverage.

- I wish to be evaluated for any needed correction of my vision in the form of contacts or eyeglasses. I do not have any underlying eye diseases or symptoms to be evaluated. I understand that I may need further evaluation or testing of a medical nature at a separate appointment if the doctor finds signs of eye disease. This would require the use of my medical insurance.

I choose to use my Medical Insurance Coverage.

- I have an underlying eye disease or symptoms of an underlying eye disease that I wish to have evaluated.
- Diabetic patients are considered Medical eye exams.

Patient Name (printed) _____

Patient Signature _____ Date _____