



## INSURANCE AUTHORIZATION / PAYMENT AGREEMENT

I authorize payment of medical benefits to International Eyecare Center for services rendered. I also authorize International Eyecare Center, its physicians, employees, and agents to release medical information to insurance companies, third party payers as is necessary for completion of insurance claims, determination of benefits, and related items.

**I have read and understand the above information. I understand I am responsible for payment of any insurance deductibles, co-payments, or services and materials not covered by my insurance. My signature on this form will serve as a "Signature On File" for processing claim forms.**

**Patient Name** (please print) \_\_\_\_\_

**Patient Signature** (parent if minor) \_\_\_\_\_

**Date** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

## MEDICARE GUIDE FOR EYECARE

### GENERAL RULES

You must pay the annual deductible toward any qualified health care before Medicare will pay for any services. After you meet your deductible, Medicare will pay 80% of the doctor's "approved fee". You will pay 20% as a co-payment, plus any non-covered fees.

If you have 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 coverage (see exceptions below). You are responsible for paying any non-covered services at the time of your office visit.

### SPECIAL EXCEPTIONS

- Medicare does not cover eyeglasses or contact lenses except for the first lenses following cataract surgery.
- Medicare does not cover the refraction part of the eye exam.
- Medicare may deny benefits if it feels you are receiving examinations too frequently or receiving exams by more than one doctor for the same illness.

