

Parker Vision Care Patient Insurance Release

There are two types of health insurance that will help pay for your eye care services and products. Parker Vision Care accepts both types of insurance plans:

Vision Insurance (such as VSP, Eyemed)	Medical Insurance (such as Medicare, BC/BS)
<ul style="list-style-type: none"> - Routine vision exam for eyeglasses and/or contact lenses - Basic screening for eye disease - <u>NO</u> coverage for diagnosis, management and/or treatment of eye diseases 	<ul style="list-style-type: none"> - Diagnosis, management, and/or treatment of eye diseases - Systemic health problems that affect eye health

You may have both types of insurance plans, and it may be necessary for us to bill some services to one plan and other services to the other. We will try to coordinate your benefits to minimize your out-of-pocket expense. By signing below, I authorize Parker Vision Care to bill my insurance for products or services rendered. I understand and agree that I am responsible to ensure that Parker Vision Care is contracted with my insurance plan before services are performed, and that I am ultimately responsible to pay for all products and services from Parker Vision Care.

Medicare does not pay for the refractive service to determine your prescription for glasses and/or contact lenses. The fee for this service is \$32 and is the patient's responsibility.

Signature:	Date:
<p><u>Please check all boxes that apply and provide your insurance information:</u></p> <p><input type="checkbox"/> I have Vision Insurance (glasses and/or contact lens insurance benefits)</p> <p style="margin-left: 40px;">Vision Insurance Name: _____</p> <p style="margin-left: 40px;">I.D. #: _____</p> <p style="margin-left: 40px;">Main Member Name: _____</p> <p style="margin-left: 40px;">Main Member D.O.B: _____</p> <p><input type="checkbox"/> I have a Medicare Replacement Plan</p> <p><input type="checkbox"/> I have Medical Insurance (Medicare, BC/BS, etc.)</p> <p style="margin-left: 40px;">Primary Medical Insurance: _____</p> <p style="margin-left: 40px;">I.D. #: _____</p> <p style="margin-left: 40px;">Main Member Name: _____</p> <p style="margin-left: 40px;">Main Member D.O.B: _____</p> <p style="margin-left: 40px;">Secondary Medical Insurance: _____</p> <p style="margin-left: 40px;">I.D. #: _____</p> <p style="margin-left: 40px;">Main Member Name: _____</p> <p style="margin-left: 40px;">Main Member D.O.B: _____</p>	

For future use, if no changes:	
Signature:	Date:
Signature:	Date: