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EYE PHYSICIANS & SURGEONS OF COLUMBIA

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FINANCIAL POLICY

Please help us to help you take advantage of the insurance benefits to which you are entitled by bringing the following with you to each appointment:

- Your medical insurance card(s) and photo ID
- Payment for any co-pays, co-insurance, or non-covered services such as refractions and contact lens exams. These are due at the time of service unless you have made payment arrangements in advance of your appointment.
- Information regarding any vision insurance plans
    - We are in network with ONLY these vision insurance plans:
        - Vision Service Plan (VSP) – requires the SSN and date of birth of the primary member for us to access the benefits (for example, the parent or spouse under whom the insurance is obtained, if someone other than the patient)
        - Physicians Eyecare Network (PEN)
        - Physicians Eyecare Plan (PEP)
        - You may not have a physical card for these plans
    - We are NOT in network with **EyeMed**, the vision insurance provided to beneficiaries of SC's state health insurance plan. We ARE in network with the **Blue Cross State Health Plan** (medical insurance).

INSURANCE

We are in network with many, but not all, medical insurance carriers. Your insurance policy is a contract between you and your insurance provider. You are responsible for knowing what your insurance covers, whether we are in network when you make your appointment with us, and if a referral from your primary care provider is required. As ophthalmologists we are considered specialists for insurance purposes.

MEDICAL vs. VISION INSURANCE

It is important to understand the difference between these two categories.

- Medical insurance (such as Medicare, BCBS, United Health Care, etc.) covers eye care for many diagnoses including (but not limited to) cataracts, dry eyes, eye pain, diabetes, glaucoma, monitoring for certain medication toxicities, strabismus, and many others.
- Medical insurance DOES NOT COVER the portion of the eye exam related to determining a glasses or contact lens prescription. This is called a refraction and is considered by insurance companies to be related to "vision" and not your "eye health" (hence the distinction in the two types of insurance).
- Our fee for a refraction is $30, and for the measurements and calculations required for a contact lens prescription the fee is an additional $35.

WHAT IS THE REFRACTION?

The refraction is the portion of an eye exam where we use various instruments to determine the best focusing ability of an eye. From this information we can then determine a glasses or contact lens prescription, though a refraction may be done for the purpose of determining your best vision even if a glasses or contact lens prescription is not desired. The refraction is **NOT COVERED** by most MEDICAL insurance carriers with a small handful of limited exceptions (it is your responsibility to determine if your medical insurance provider considers the refraction a covered service). We are in network with the 3 VISION insurance providers listed above, all of which do consider the refraction and a basic eye exam as covered services.

SURGERY

If a precertification is required, our office will attempt to obtain this from your insurance company. Additionally, we will verify your insurance benefits and assist you with determining an estimate of the portion of the fee for which you are responsible. Please note that for surgery there will also be a fee from the surgery center and from the anesthesia provider. We are unable to determine these amounts for you but can provide you the contact information so that you may discuss with the surgery center directly, prior to your procedure.

OPTICAL

Full payment is required prior to ordering contact lenses. A 50% deposit is required prior to ordering glasses or sunglasses, and the balance is due prior to order pick up. Please make sure you know in advance if you are using any vision insurance benefits for these products.