## IF YOU HAVE VISION INSURANCE *AND* MEDICAL INSURANCE

\*\*YOUR <u>VISION</u> INSURANCE WILL PROVIDE COVERAGE FOR *ROUTINE* EYE EXAMINATIONS, AND SPECIFIED COVERAGE FOR GLASSES AND CONTACT LENSES.

\*\*SPECIAL TESTING OR MANAGEMENT OF MEDICAL EYE CONDITIONS ARE A COVERED SERVICE UNDER YOUR MEDICAL INSURANCE PLAN.

IF THESE MEDICAL EYE CONDITIONS ARE PRESENT, WE WILL FILE YOUR CLAIM WITH THE APPROPRIATE INSURANCE PLAN. DUE TO MANY INSURANCE COMPANY POLICIES, A RETURN VISIT MAY BE REQUIRED TO PROVIDE THE NECESSARY TESTING.

IF YOU DO NOT WANT US TO FILE A CLAIM WITH YOUR MEDICAL INSURANCE PLAN, PLEASE LET US KNOW IN ADVANCE SO WE CAN COORDINATE YOUR CARE.

EXAMPLES OF THESE MEDICAL EYE CONDITIONS INCLUDE BUT ARE NOT LIMITIED TO:

DIABETES
CATARACTS
GLAUCOMA
MACULAR DEGENERATION
DRY EYE SYNDROMES
RETINAL DETACHMENT
EYE INFECTIONS
EYE INJURIES
STRABISMUS (LAZY EYE)

IF YOU HAV	E ANY QUI	ESTIONS RI	EGARDING Y	OUR INSURA	NCE COVERAGE,
PLEASE LET	<b>US KNOW</b>	PRIOR TO	YOUR EXAM	I. THANKS!	

SIGN	DATE