



“Routine” Vision Benefit. There has been discussion and confusion about the “Routine” benefits offered by insurance plans and how it applies to your visit. Your “routine” vision benefit provides for an eye exam to check your vision; as it applies to nearsighted, farsighted or regular astigmatism and if you require eyeglasses or a change in your current eyeglasses. “Routine” vision benefits are not intended as a medical exam to diagnose or treat eye disease or pathology. If you are diagnosed with any eye pathology, such as, but not limited to: cataracts, glaucoma, macular degeneration, dry eye, amblyopia, or a binocular vision disorder, these types of conditions are covered under your health insurance plan and the doctor will bill your exam accordingly. If we find a medical condition, the examining physician will be billing your health insurance carrier because the “routine” vision benefit does not cover the testing or procedures necessary to appropriately assess and outline a plan of treatment for any eye disease or condition. We can only file your “Routine” Vision Benefit, such as, a VSP or EyeMed claim if we are notified that you are an active VSP or EyeMed Member *prior* to your exam.

Printed Name & Signature of Patient or Responsible Party

Date