Danville San Ramon Eye Medical Corp

909 San Ramon Valley Blvd., Ste.114

Danville, CA 94526

**COORDINATION OF BENEFITS ACKNOWLEDGEMENT**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Routine Vision (Refractive) Coverage:** Your “vision” insurance is intended to provide you with a baseline eye evaluation and update your glasses prescription only**. If the doctor discovers a medical eye problem during a routine exam, the doctor will inform you that your visit is now a medical exam and will be billed to your medical insurance. You can choose to finish the routine examination and return at a later date for the medical exam.**

**Medical Eye Examination Coverage:**  If you have an eye condition such as but not limited to: cataracts; macular degeneration; glaucoma; dry eyes; diabetes; cornea problems, this examination will be billed to your medical insurance.

**Patient responsibilities:** Many insurance companies do not pay for a routine eye examination. Many private insurance plans **do** pay for annual eye examinations. It is your responsibility to check with your insurance carrier for proper coverage and to let us know before your eye examination. Please understand that each patient’s insurance coverage varies and Danville San Ramon Eye Medical cannot be held responsible for knowing every patient’s coverage.

**I acknowledge that the doctor will coordinate coverage between my medical insurance then VSP. I understand that I’m responsible for any remaining balance due which may include and not limited to my deductible, co-insurance and copay.**

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Patient or Guardian Signature Date

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Relationship if not signed by patient

 6/2016