

MEDICARE OVERVIEW

*COVERAGE OVERVIEW

As one of our patients age 65 and older, Medicare is your primary health insurance. For your convenience, our office is a participating provider with Medicare. This means that our office bills Medicare for your office visits, tests and materials when applicable (see below). Medicare then reviews all submitted claims and if approved, reimburses our office 80% of the approved amount. **The remaining 20% (the co-payment) is your responsibility as the Medicare beneficiary. You may also be responsible for a deductible and certain non-covered fees**, as described below. Our office will bill your supplemental insurance, if you carry it, for the co-payment and deductible. You must inform us of your supplemental insurance. If you do not have any supplemental insurance or your supplemental insurance informs us that the bill is your responsibility, you will receive a statement/bill from this office. Non-covered fees are collected the day of service.

*DEDUCTIBLE

Medicare has a yearly **deductible** that takes effect each January. If our office is the first to submit Medicare claims for you each year, Medicare will notify us that you have not yet met your deductible for the year. Medicare **will not pay** for your allowable fees until the deductible is met. **Once again, you would be responsible for payment of that deductible amount to us if your supplemental insurance does not pay.**

*EXCEPTIONS/NON COVERED SERVICES & MATERIAL FEES

1. **Medicare does not pay for refractive services. A refraction is part of your eye exam that determines your prescription.** It also helps us monitor the health of your eye, by determining your best possible visual acuity. This aids us in monitoring cataracts, macular degeneration and other disease and aging processes in your eye. It is unfortunate that Medicare does not cover for this service, but it is a necessary visual test. A refraction will be performed and billed at annual eye exams, final cataract post-op visit when glasses are prescribed, and any time there is a decreased visual acuity from the previous visit.
2. Medicare will not pay for any services if the doctor only makes a refractive diagnosis (i.e. nearsighted, farsighted, astigmatism) during your exam. For example, if it is a routine exam only to determine your prescription and no other medical diagnosis (i.e. cataract, dry eye, etc) is made, Medicare will not cover any fees for that visit.
3. **Medicare does not cover glasses or contact lenses unless you have recently had cataract surgery. Medicare will cover for basic lenses and one standard frame per operation.**
4. **Medicare does not cover deluxe frames.** Deluxe frames are any frame over the standard frame amount that Medicare will pay. **Medicare does not cover for specialty lenses and coatings** (i.e. progressive lenses, Transitions, and anti-reflective coatings). The additional amount above the Medicare payment we receive for glasses and lenses is your responsibility.
5. Medicare will only pay for services that it determines to be “reasonable and necessary” under code section 1862(a)(1). If Medicare determines that a particular service, although it would be otherwise covered, is not “reasonable and necessary” under their standards, Medicare will deny payment for that service.

*AUTHORIZATION STATEMENT/SIGNATURE

I have read and understand the information above and agree to pay for any services and materials I order but which are not covered by Medicare.

Signature _____ Date _____

Print Name _____