

Dr. Clifford Roffis & Associates, ODPC

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Vision vs. Medical Charges

Vision plans cover a basic screening to ensure the health of your eyes and check for the need of corrective eyewear. Vision plans DO NOT cover any medical diagnosis or medical testing.

We treat medical issues under your medical insurance, which may have a higher copay and/or deductibles.

During the course of your eye examination it was discovered by the doctor that you have a medical condition such as diabetes, eye allergies, infection, glaucoma, cataracts, etc.

_____ Yes, please perform the medical exam and/or tests recommended by my eye doctor.

_____ No, I decline the medical exam and/or special testing that were recommended by my doctor today to rule out any medical problems pertaining to the health of my eye.

Please Read and Initial each line below:

_____ I understand that it is my responsibility to provide up-to-date medical insurance information including any **REFERRALS needed from my primary care physician**. A **Pre-authorization** for services **DOES NOT GUARANTEE PAYMENT** and I am responsible for charges incurred due to co-pays, deductibles, co-insurance, non-covered services, insurance denials and/or any other reason.

_____ I understand that insurance providers require a copay, if applicable, cannot be waived and must be collected for **EVERY** visit.

_____ I understand that by declining, cancelling, or not showing for testing, as recommended that I am going against the advice of my doctor.

Patient Name _____ DOB _____

Patient / Guardian Signature _____ Date _____

<u>Medical Exams</u>	<u>Special Testing</u>	
\$ 115 92014 Exam	\$ 95 92250 OPTOS	<input type="checkbox"/> Deductible Met
\$ 45 92015 Refraction	\$ 138 92083 Visual Field	<input type="checkbox"/> Deductible NOT met; Fees due on Date of Service
\$ 98 92012 Limited	\$ 60 92133 OCT	

Your appointment is scheduled _____ @ _____

Please provide at least 24 hours advanced notice if you need to reschedule or cancel your appointment.