Patients using **any insurance** please read and sign at the bottom of the short paragraph below:

We bill two types of insurance: vision plans and medical plans. Vision plans cover materials (glasses/contacts) and routine vision exams (screening for eye disease). They do not cover diagnosis and management of eye diseases. We bill medical plans for dilated eye exams, office visits, punctual plugs, foreign body removals, lash epilations, and GDX/visual field/threshold tests. Medical plans must be billed if you have an eye health problem or systemic health problem with ocular complications. If you have medical insurance, but no medical diagnosis, then your medical plan may not pay for your exam. If you have both types of insurance plans it may be necessary for us to bill some services to your vision plan and other services to your medical plan. Insurance companies determine allowable fees for services (and subsequent payments/patient charges). The fees charged at Mountain Eye Care are based on the current Medicare Provider Fee Schedule. We obtain authorization of your benefits so we can tell you what is covered and collect co-pays, co-insurance and deductible fees at the time of service. If Mountain Eye Care staff cannot obtain insurance authorization, patients must pay in full at the time of service. After your claim processes, we bill you for any charges assigned to you by your insurance company. When a patient requests that we bill 92015 to a medical plan, we collect full payment in the event that your insurance denies it, and refund you if your insurance pays it. Our time of service discount is only available on services that are not billed anywhere and are paid for in full on the day of service. After cataract surgery, Medicare pays 80% of allowable fees for glasses under code section 1862(a)(1). Medicare denies payment for upgrades (1.67, glass, poly, PALs, transitions, UV, and scratch/no-glare treatments). Medicare contributes approximately $60 toward a frame and contributes toward plastic material in single vision and lined bi/trifocal lenses. Non-covered upgrades and VSP Patient Fees are collect before glasses are ordered.

I have read and agree with these policies. **Signature**_____

<u>If you are using Medicare for an exam, please choose the payment option below for your refraction</u>

A. Notifier: Mountain Eye Care 190 Talisman Dr B4 Pagosa Springs, CO 81147 Dr. Jon Zissman 970-731-4347
B. Patient Name:_____ C. Identification Number:_____

Advance Beneficiary Notice of Noncoverage (ABN)

<u>NOTE:</u> If Medicare doesn't pay for D.____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D.____ below.

D.	E. Reason Medicare May Not Pay	F. Estimated Cost
Refraction	**Not a covered benefit**	**$38.75**

WHAT YOU NEED TO DO NOW: Read this notice, so you can make an informed decision about your care. Ask us any questions that you may have after you finish reading. Choose an option below about whether to receive the D.____ listed above. **Note:** If you choose Option 1 or 2, we may help you to use any other insurance you might have, but Medicare cannot require us to do this.

G. Options: Check only one. We cannot choose for you.

____Option 1. I want the D.____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment but **I can appeal Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays and deductibles.

____Option 2. I want the D.____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

____Option 3. I don't want the D.____. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information: This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/**TTY:** 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I.Signature:_____ J.Date:_____ Form CMS R 131 OMB 0938-0566