

1920 Pickens St.  
Columbia, SC 29201  
(803) 779-3070

**Columbia Eye Clinic, PA**  
100 Palmetto Park Blvd.  
Lexington, SC 29072  
(803) 806-0080

100 Summit Centre Dr.  
Columbia, SC 29229  
(803) 252-8566

**DISCLOSURE/AGREEMENT**

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Chart# \_\_\_\_\_

**Reason for Today's Visit**

- Vision Exam.** I have no new medical complaint or significant problem and/or abnormality that I am aware of.
- Medical Exam.** I have a new problem/complaint or am being seen in follow-up for a medical condition.

As a commitment to your health, we recommend that every patient have a vision eye exam that allows us to evaluate your overall vision health and make sure you are not developing any unexpected problems with your vision. During this visit, we will update all of your known conditions, as well as look for any new problems.

If a medical condition is identified during your **vision exam** your visit will change to a **medical exam** and your insurance will be billed with a medical diagnosis. This will affect the reimbursement for your visit and a deductible and/or co-insurance may be applied.

If no medical condition is identified during your **medical exam** you may be billed for a **vision exam** and you will be required to pay in full at the time of service.

**Medicare does not pay for vision eye examinations without a medical diagnosis. Most commercial insurance plans do not pay for vision eye examinations. Medicare and most insurance plans do not pay the \$30.00 refraction fee or contact lens fitting fees. You are responsible to pay all non-covered services in full at the time of service.**

The services rendered today may be denied for payment by your insurance company for numerous reasons. Your insurance company's failure to pay for the service does not relieve you of your responsibility in paying for these services.

We will file claims for services with insurance carriers we participate with. If we are unsuccessful in obtaining payment from your insurance company after several attempts the balance of your account will be turned over to you for payment.

Federal laws require us to file insurance claims with the same information that is recorded in your medical record. Procedure or diagnosis code for your visit will not be changed after your visit based on how your insurance did or did not pay the claim.

\_\_\_\_\_  
Patient's Signature or Representative

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Witness, Columbia Eye Clinic