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AN IMPORTANT MESSAGE ABOUT INSURANCE COVERAGE

It is your responsibility to provide us with your current insurance information, documentation, and cards every time we provide a service or test. Some plans require a signed referral from the patient's primary care physician for examination, office visits or additional procedures. If your plan requires a referral, it is your responsibility to obtain one and bring it to your appointment.

There are two types of health insurance that will help pay for your eye care services and products. You may have one or both and our practice accepts both:

1. Vision care plans (such as VSP and EyeMed)
2. Medical insurance (such as Blue Cross/Blue Shield and Medicare)

Vision care plans usually only cover one routine vision exam per year and possibly eyeglasses and contact lenses. Vision plans only cover a basic screening for eye disease. Most do not cover diagnosis, management or treatment of eye diseases. Testing and follow up appointments are not considered routine.

Medical insurance may be used if you have any eye health problems or systemic health problems that has ocular complications. The doctor will determine if these conditions apply to you, but some are determined by your case history.

If you have both types of insurance plans it may be necessary for us to bill some services to one plan and other services to the other.

As a courtesy we will bill your insurance plan for services if we are a participating provider. Depending on your plan, we will bill you for any unpaid deductibles, co-pays or non-covered services as allowed by your insurance contract. You are responsible to know your insurance coverage. Please call your insurance carrier if you have any questions.

These are not our regulations; they are your insurance company's regulations and, unless you follow them carefully, the insurance company may decline all or part of your claim. Please call your insurance carrier if you have any questions.

I have read and agree with the above policies.

Signature _____ Date _____