

Welcome to Virginia Mason Medical Center Ophthalmology and Optometry

PATIENT NAME AND ID NUMBER

Patients Name _____

Patients ID Number _____

Date: _____

Patient Insurance Benefit Verification

In order to maximize your benefits, it is very important that you familiarize yourself with the policies and benefits outlined in your health insurance handbook. Please read your handbook carefully.

Most patients have insurance that covers all or part of their charges, but policies vary widely on which procedures and services an insurance company will cover. Because policies are often customized, we do not always know what your policy covers.

Should your health insurance handbook not specifically address these policies and benefits, please contact your health insurance's customer service department for policy and benefit verification. The customer service phone number is located on the back of your health insurance ID card.

Virginia Mason Seattle Main Campus is a licensed hospital based location. If you receive care at our Seattle Main Campus, certain outpatient services and procedures may have a hospital facility charge in addition to a professional (physician) charge. For more information related to hospital-based services, please refer to [www.VirginiaMason.org/Billing & Accounts](http://www.VirginiaMason.org/Billing%20&%20Accounts).

Vision coverage can be a bit unique. In general, vision coverage can come in three parts. The first part is coverage for medical care of the eye for infection, injury or disease. The second is coverage for yearly routine eye exams when no medical condition exists. The third part is coverage for eyeglasses or contact lenses. Your insurance may cover some or all of these parts. Some insurance may cover these parts differently. For example, you could have medical care for your eyes at any eye doctor's office but routine care and/or eyeglasses, or contacts, may only be paid for if you go to certain specified eye doctors or optical shops.

Please see the back for Questions to ask your insurance company regarding services billed under Tax ID Number 91-0565539.

Please complete and bring to your appointment

Please check the box(s) that describes your intended visit:

- Your annual (routine) eye exam with no known medical conditions
- Medical care of the eye for infection, injury or disease (for example: glaucoma, cataracts, or diabetes)
 - Blurred vision Double vision Itchy/watery eyes Night time glare
 - Dry eyes Diabetes eye check Post-Operative
- Exam for contact lens fitting
- Contact lens check Glasses check
- New Patient Follow-up New condition Last eye exam (date): _____
- Other (please describe): _____

Questions to ask your insurance:

1. Am I covered for annual routine eye exams (V72.0 Exam)?
2. Am I covered for eyeglasses and/or contact lenses? If yes, what is my benefit?
3. Am I required to use a specific eye doctors or an optical network of providers for my routine eye care? If yes, which networks are covered?
4. Am I covered for medical eye exams (includes glaucoma, cataracts, eye injury, etc.)? If yes, what is my benefit?
5. Do I have a coinsurance for outpatient hospital services? (The percentage of a covered expense that a beneficiary must pay).
6. Do I have a deductible for outpatient hospital services? (The amount beneficiaries pay out of pocket before their insurance begins picking up any of the costs of health care).

Please note that services provided that are non-covered, or exceed the benefit maximum will be the patient's responsibility. We can provide estimates of charges. For an estimate, please call Patient Financial Services at (206) 223-6715. Or, if you would like an estimate in person, please request to speak with a Financial Services Representative.