

Wood Eyecare Centers

woodeyecare.com

3050 Five Forks Trickum Rd
Suite 112
Lilburn, GA 30047
Ph) 770-978-2990
F) 770-978-2993

Dr. Ann Brobst Dr. James Dillard
Dr. Kathy Lee Dr. Susan Wood
Dr. James Wood
Doctors of Optometry
Rishi Parikh, M.D.

Consultative Ophthalmology & eye surgeon

2100 Riverside Parkway
Suite 108
Lawrenceville, GA 30043
Ph) 770-237-8820
F) 770-237-0944

About Your Insurance

There are two types of health insurance that can help pay for your eye care services and products. You may have one (or both) and our practice may accept both.

1. **Vision Care Plans** (such as VSP, EyeMed, Davis etc). Vision Care Plans only cover “routine” vision exams and often provide a contribution towards eyeglasses or contact lenses. vision plans over cover a basic screening for eye disease. They do not cover diagnosis management or treatment of eye diseases.
2. **Medical Health Insurance** (such as BCBS, United Healthcare, Medicare etc)- Medical Health Insurance may be used if you have eye health problems (e.g dry eyes, itching, floaters, cataracts, glaucoma etc) or systemic health problems that has ocular complications. Your doctor will determine if these conditions apply to you but some are determined by your case history. Medical insurance rarely covers the refraction (the testing to determine your eyeglass prescription). Our current fee for refraction is **\$39**.

If you have both plans it may be necessary for us to bill some services to one plan and other services to another. We will do this in the best way to minimize your out of pocket expenses.

We will bill your insurance plan for services if we are a participating provider for that plan. We will try to obtain advanced authorization of your insurance benefits we can tell you what is covered. If some fees are not paid by your plan, you are responsible for any unpaid deductibles, co-pays or non-covered services as allowed by insurance contract.

If we do not participate with your particular plan, you will pay our usual and customary fees at the time of services and you may file with your insurance to get reimbursed for utilizing our office as an out-of-networks provider.

We appreciate your confidence and trust in allowing us to serve you! To help serve you best, it is the patient’s responsibility to inform us what plans you have before your appointment.

I have read and agree with these policies

Signature: _____