Virginia Eye Institute
BRINGING YOUR WORLD INTO FOCUS

Examination Payment Method

Please select one of the payment options below.

1. ☐ Bill my medical insurance*

   ☐ Medicare ☐ BCBS ☐ United Healthcare
   ☐ Cigna ☐ Aetna ☐ Other:

2. ☐ Bill my vision plan for a Routine Exam for glasses or contact lens prescription

   ☐ Davis Vision ☐ Blue View ☐ Eyemed ☐ Spectera
   ☐ VSP ☐ Other:

   (VEI can only bill eye exams to vision plans in which we participate.)

   Please be advised if you are diagnosed with a medical condition, your vision insurance may not cover your services for today; instead your services will be billed to your medical insurance. Any copay, cost-shares, or deductibles will apply.

3. ☐ Self Pay

*I understand that Medicare and most Medical insurance plans do not cover routine eye examinations for glasses or contact lenses. I also understand that specific sets of services are required for various insurances and once these are performed and billed to my selected insurance above, they cannot be changed.

_____

Signature and Date

_____ _____

Patient Name **Patient ID#**