



Wyomissing Optometric Center

Glenn S. Corbin, OD Kerry J. Burrell, OD
 Karen L. Heaney, OD Heidi L. Sensenig, OD, MS Michael D. Burkhart, OD
 Amanda S. Legge, OD Perry C. Umlauf, OD

Medical Financial Liability Waiver

MEDICAL/MEDICARE PATIENTS

Date: _____

Member's Name: _____

Provider: Wyomissing Optometric Center

ID #: _____

Provider ID: EY426305

****The following notice applies to all general medical insurance including Medicare****

Medicare will only pay for service that it determines to be "reasonable and necessary" under section 1862 (a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is "not reasonable and necessary" under Medicare program standards, Medicare will deny payment for that service. I believe that, in your case, Medicare is likely to deny payment for:

Refraction _____ Materials _____

Please check reason(s)

Medicare usually does not pay for this service.

Patient Name

Date

Patient Signature

CONTACT LENS PATIENTS

Please be advised that as part of a contact lens evaluation for established or new patients, our practice requires topographical mapping of the corneal surface as a baseline and to assure that there is no change in corneal shape from contact lens wear. Unfortunately, many insurance companies or vision care plans do not provide reimbursement for this testing. Additionally, our office provides 6 months of follow up care during the fitting period for NEW contact lens wearers, in addition to a visit to instruct our patients on insertion, removal and appropriate care for contact lenses. The fees for these services are NOT covered and are the responsibility of the patient. These fees can range from \$75.00-\$150.00 for cosmetic contact lenses.

I am aware that the non-covered fee for contact lens related procedures will be discussed with me prior to any contact lens related testing and that I will be fully responsible for those non-covered service fees.

Patient Name

Date

Patient Signature

wyo-opto.com

WYOMISSING 50 Berkshire Court - Wyomissing, PA 19610 - Phone: 610-374-3134 Fax: 610-374-0484

DOUGLASSVILLE 1050 Benjamin Franklin Hwy. W. - Douglassville, PA 19518 - Phone: 610-385-4333 Fax: 610-385-0484

MYERSTOWN 356 West Main Avenue - Myerstown, PA 17067 - Phone: 717-866-1400 Fax: 717-866-9954