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Medicare

➤ **Coverage Overview**

Our office is a participating provider with Medicare. If Medicare is your primary health insurance, we will bill Medicare for your office visits, tests, and materials. Medicare will pay 80% of the approved amount. You are responsible for the remaining 20% as the Medicare beneficiary. As a courtesy, if you carry a supplemental insurance, we will bill your insurance company for the remaining 20% of the approved charges. If your supplemental insurance does not pay, you will then be responsible for the remaining balance. You will also be responsible for any non-covered fees and deductibles, as described below.

➤ **Deductible**

Medicare has a yearly deductible of **\$198** that takes effect January 1, 2020. Medicare will not pay for your allowable fees until your deductible has been met. You will be responsible for the entire balance if your deductible has not been met.

➤ **Exceptions / Non-Covered Services and Material Fees**

1. Medicare does not pay for non covered services such as tear function testing and refractive services. The refraction is the part of your eye exam that determines your prescription.
2. Medicare will not pay for any services if there is only a refractive diagnosis made during the exam. For example, if no separate **medical diagnosis** is made and only a routine exam to determine your prescription is done, Medicare will not cover any fees for that visit.
3. Medicare will only pay for services that it determines are “reasonable and necessary” under code section 1862(a)(1). If Medicare determines that a particular service is not “reasonable and necessary” under their standards, Medicare will deny payment for that service. You will then be responsible for those services.

➤ **Authorization Statement / Signature**

I have read and understand the information above and agree to pay for any services and materials I ordered but which are not covered by Medicare.

Patient/Beneficiary Signature _____ Date _____

Print Name (Please print) _____