

RED RIVER EYE & LASER C E N T E R

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PHYSICIAN NOTICE

Medicare will only pay for services 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:

1. a refraction since Medicare considers refractions a non-covered service and, therefore, will not pay for the service.
2. some Emergency Room visits since Medicare feels that certain diagnoses represent non-emergency situations which could be taken care of during the next available appointment time in the physician’s office.
3. glasses since Medicare does not presently pay for glasses unless the patient has had cataract surgery, and then they only pay part of the price of one pair of glasses per eye per lifetime.
4. eye drops since Medicare does not presently pay for any self-administered medications
5. a routine eye examination since Medicare will not pay for routine eye care; you must have a medical diagnosis before Medicare will pay for the visit.

BENEFICIARY AGREEMENT

I have been notified by my physician that he believes that, in my case, Medicare is likely to deny payment for the items or services identified above, for the reasons stated. If Medicare denies payment, I agree to be personally and fully responsible for payment.

Signature of patient

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Bossier Ophthalmology Clinic for any services furnished by that provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Signature of Patient or Authorized Representative

Date