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Developmental Optometry

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Patient's Name: _____

ADVANCE BENEFICIARY NOTICE (ABN)

As with all insurances, workman's compensation and automobile insurances do not typically pay for all of your health care costs. During the neuro-optometric evaluation, Delaware Vision Academy may determine that ocular motor testing is required. We may determine that your spectacle prescription needs to be updated. We may recommend vision rehabilitation.

Your insurance carrier will not pay for ocular motor testing. They may not cover the refraction service or spectacles that are not causally related to the accident/injury. The vision therapy supply packet provided at the beginning of therapy is not a covered expense. The fact that your insurance carrier may not pay for a particular item or service does not mean that it is not necessary.

Ocular Motor Testing - This testing information is used in determining a patient's eye teaming, visual tracking problems that may be a cause for difficulty with reading fluency and speed, and reading comprehension complaints. The Readalyzer or Right Eye is a special infrared device that analyzes eye movements with near work. The microelectronics allow for extremely accurate high-speed recordings of the eye movements during the reading of a short selection of text. This data should be interpreted as a recording of the efficiency of one's oculomotor skills (eye tracking skills) through an objective measurement. If you have any questions as to why the doctor is recommending this level of testing, please let him/her know during the evaluation.

Spectacles – Spectacles are comprised of frames and lenses. Lenses are crafted of differing types of materials to meet your specific needs and may include: vision correction, prism, tint (color or darkening) and coatings. Frames are a personal choice and your insurance carrier may limit the allowance of benefit coverage; any amount over this limit would be your responsibility. Allowances for the type of material for the lens, the type of vision correction (single vision, bifocal and progressive), prism, tint, and coatings are all limited by the workman's compensation fee schedule for the State of Delaware or by the insurance carrier. Again, spectacles are only covered if your conditions, which are being treated by the spectacles, are causally related to the accident/injury.

Vision Rehabilitation Supplies – When you participate in vision rehabilitation, you will be given a packet of supplies to use with your at-home therapy activities. These supplies are consumable or can be used to help maintain any improvements in your conditions even after you discontinue rehabilitation.

Your insurance carrier may not pay for the following:

- **Ocular Motor testing and Readalyzer or Right Eye Analysis** **\$70**
- **Refraction** **\$45**
- **Spectacles** **price varies**
- **Vision Rehabilitation Supplies** **\$25**

The purpose of this form is to confirm that you understand that the above is not a covered service and is your responsibility. Before you sign below, ask us to explain, if you don't understand why your insurance carrier probably won't pay.

Date

Signature of patient or person acting on patients' behalf