



Gregory E. Cox M.D. LLC

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Medical Office Building #2
Hamilton, NJ 08690

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I understand that I am expected to know my insurance coverage at the time of service. If a referral is required with my insurance and I do not have one, I will be responsible for the charges incurred during my office visit.

If you have a vision plan (VBA, VSP, EYEMED, etc.), it is imperative that you notify the front desk upon your arrival to alleviate any errors that could occur with the billing. This will help us to process claims efficiently according to your coverage. We will not alter or be responsible for any billing information after the date of service.

Some insurance plans, such as Medicare, do not pay for refractive services. This is the part of your eye exam that determines your prescription. Medicare mandates a separate billing code (92015) and our fee is \$40 for which the patient is responsible. Any questions may be directed to our staff.

For those patients who are coming for a routine eye exam and are unable or unwilling to have their pupils dilated with eyedrops we offer the Optos widefield retinal imaging for an additional fee of \$39.

For those patients interested in advanced laser imaging (OCT) to screen for glaucoma and retinal/macular disease we can perform this for an additional fee of \$39.

Please inform our technician if you are interested in any of these additional tests.

Signature _____ Date _____