

FINANCIAL POLICY

We provide **MEDICAL and SURGICAL** ophthalmologic care to our patients; in addition to our medical surgical care we offer **routine eye exams** with our Optometrist.

We are committed to providing patients with the highest level of service and quality care. If you have medical insurance, we will strive to help you receive your maximum allowable benefits. To achieve these goals, we need your assistance and understanding of our financial policy. It is the patient's/parent's/guardian's responsibility to understand or ask questions regarding the following information. Ultimately, all financial liability rests with the patient.

- **Photo ID:** Federal Law requires proof of identity to submit to an insurance carrier. If unable to provide a photo ID, Patient will be required to pay for services upfront.
- **Current information:** Bring all current insurance cards and provide current demographic information including address, phone numbers and employer.
- **Social Security Number:** We require the **social security number** of the responsible party to establish an account that carries any balance. If you do not wish to supply your social security number, we are happy to provide your medical care, however, we will require you to pay for all service in full prior to being seen.
- **Managed Care or PCP (primary care provider) plans:** If your insurance requires a referral to see a specialist, you must obtain that referral to have insurance process your visit. If you do not have a valid referral you will need to pay for the visit prior to being seen.
- **Prior Authorizations:** Some insurance plans require a prior authorization for services by a specialist. Review your policy to see if there is such a requirement. Our office will be happy to assist you in obtaining prior authorizations or approvals when needed, but remember it is your responsibility to know the requirements of your policy. Failure to obtain prior approval or prior authorization could result in a service being non-covered, which will result in higher out of pocket costs for you.
- **Co-pay and Deductibles:** Patients are responsible to know what their co-pays and deductibles are. It is also your obligation to pay these co-pays and remaining deductibles **at the time of service**. If a patient has a question regarding their payment requirements they should contact our medical billing staff **PRIOR** to services being rendered.
- **Payment Due:** Payment is considered due when services are rendered. We file to your medical insurance as a courtesy.
- **Payment Arrangements:** As outlined above, co-pays and any remaining deductibles are due at time of service. Patients may also have co-insurance for services rendered; if they are unable to pay the co-insurance amounts within 90 days they should contact the medical billing department to discuss possible alternative payment arrangements.
- **Refractions:** Refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary in order to write a prescription for glasses or contact lens. Medicare and most medical insurance do not cover the fee for refractions. You are responsible for this fee and it is payable at the time of service. We can, at your request, file your refraction charge with your medical insurance plan. If your insurance policy pays this fee, we will then refund your payment.

- **Participating Insurance Plans:** Our office participates with several insurance plans. It is your responsibility to verify with your insurance company if our office is within your networks.
- **Vision Plans:** Our office does not participate with any Routine Vision Plans such as VSP, Davis Vision, etc.
- **Medical Plans that have Vision Benefits:** Please be advised that some medical plans do have routine vision benefits; however, sometimes these vision benefits are with a different carrier than your medical plan. We may be participating providers with your medical plan but not your vision plan. Please contact your carrier to verify your benefits and whether the practice is a provider for both your medical and vision plan.
- **Non-covered Services:** Patients understand that some services may be considered non-covered by their insurance plans. The patient is responsible to know what their insurance does or does not cover and understand that they are financially responsible for paying all non-covered services.
- **Minors:** For all services rendered to minor/dependent patients, we will look to the parent or legal guardian accompanying the patient for payment. In cases of separation or divorce, when presenting insurance cards for a dependent enrolled under a subscriber other than you, please be prepared to supply that subscriber's name, address, phone number, date of birth. We request that you inform the subscriber that their insurance has been used.
- **Denied Charges:** Our physician may recommend treatment for services that are denied as investigational, experimental or not medically necessary by insurance plans. Patients are still obligated when applicable to pay for these services in full.
- **Finance Charges:** The current rate is 24% APR and is automatically applied to all accounts with a balance over 90 days.
- **Past Due Accounts:** All accounts are considered past due if not paid within 90 days of service. Past due accounts without acceptable current payment arrangements may end up being referred to an outside agency for collection, which can be subject to penalties and interest, or the inability to be scheduled for future appointments until old balances have been paid in full.
- **Surgery Charges:** The practice will make every effort to determine your insurance benefits and to relay your estimated responsibility for the surgery charges. Keep in mind that this is just an estimate and when surgery is performed, you may incur additional charges from the surgeon, surgery facility, anesthesiologist, laboratory or radiologist.
- **Form Completions:** There may be charges for completing various forms, including DMV, AFLAC, or disability forms. When appropriate pre-payment would be required for completing these forms or for extra written communication by the doctor. The charge is determined by the complexity of the form, letter, or communication.
- **Surgical Cancellations:** Any patient who cancels a scheduled surgery without giving more than two (2) business days' prior notice, or does not show up for a scheduled surgery, may be charged a \$200.00 rescheduling fee. Legitimate emergencies will be taken into consideration.
- **Payment Types:** We accept the following forms of payment: Cash, Personal Check (seven days prior, when for refractive upgrades), Visa, MasterCard, Discover, Money Orders, Cashier Checks, or Bank Checks. We also accept Care Credit ONLY for uninsured patients, Lasik, refractive upgrades, or cosmetic procedures. We do not accept American Express.

Should you have any questions about our financial policies, please contact one of our medical billing specialists prior to your scheduled appointment at 605-341-9120 or 1-800-658-3500.