PATIENT FINANCIAL RESPONSIBILITY POLICY

Eyecare Associates, Outpatient Eye Surgery Center, Eye Laser Institute and The Looking Glass

Payment for Services Rendered

PLEASE BE AWARE THAT PAYMENT IS DUE AT CHECK-OUT. Any charges for un-insured patients, any copayments, deductibles, co-insurance amounts or non-covered services are to be paid in full. **If this is a scheduled visit and you are unable to meet your financial obligation, our staff can assist you in rescheduling the appointment.** We accept cash, personal checks, and the following credit cards: American Express, Discover, MasterCard and Visa. **_____ patient initials _____ date**

Vision Plans

Routine examinations may be covered by your health plan, either directly or through a vision plan, like VSP or EYEMED. Those benefits are used to provide a comprehensive examination to measure and prescribe glasses and/or contact lenses for non-symptomatic patients.

Medical vs. Routine

During a routine examination the doctor may determine that a medical condition exists that requires additional testing or treatment. You will be advised that the medical treatment is necessary and that your visit will be converted from a routine vision examination to a medical examination and treatment. **If you elect to proceed with the medical visit, you will be responsible for any copayments, deductibles, or refraction fees. Payment of these amounts will be due at check-out.**

_____ patient initials _____ date

Demographic/Insurance Change

Please advise the office any time there is a change to your address, telephone number, other contact information (email, name change etc.) or to your insurance. **Forms are available on our website, www.eyecareneworleans.com that you can print out, complete and return or bring with you to your appointment.**

Insurance

It is important for you to be an informed consumer who understands the specifications of your insurance policy (both medical and vision if applicable). Your health policy is a contract between you and your insurance company or employer. **In order for us to file claims with your insurance company, you must provide us with a current insurance card or vision plan information. If you do not have a current insurance card or the information necessary to file a claim, you will be responsible for full payment at the time of service.**

Guarantor

Any guarantor over the age of 18 will be held responsible for all charges incurred. If another party is responsible for your account, you must pay the balance of any deductible, copayment, co-insurance or materials (glasses or contact lenses) in full and negotiate repayment with them outside of the office.

HIPAA

The Health Insurance Portability and Accountability Act and the subsequent privacy and security rules require that patients have access to a copy of our HIPAA policy for review. If you have not read our policy, please ask the front desk to provide you with a copy or you can find it on our website. **A HIPAA form must be completed by each guarantor and for patients under age 18, by a parent or guardian, indicating who our staff can speak with regarding medical treatment or financial information.**

Copayments, Deductibles, Co-insurance and Non-covered

A **copayment** is a flat fee for medical services. The copayment can be different, example one for your primary care doctor and a higher amount for your specialists, for outpatient surgery or an inpatient hospital stay.

A **deductible** is an amount that you must reach prior to the insurance company paying benefits. Our insurance department verifies benefits and determines what portion of the deductible is met prior to your visit. If you have not met the deductible, your service would be paid in full at check-out, based on the fee schedule for your plan, and your charges will be filed with your insurance to apply toward the deductible.

Co-insurance is the percentage of a service that is your responsibility to pay once the deductible has been met. Those amounts vary based on whether the provider is "in network" or "out of network".

Non-covered services are services provided that are not covered by your health or vision plan for whatever reason. It may be a specific exclusion for cosmetic services, such as BOTOX for a non-medical condition, or it may be testing related to a routine diagnosis that is not covered by your medical benefits.

High Deductible Plans

If you cannot provide proof via an explanation of benefits from your insurance company that you have met your deductible for medical services, you will be asked to pay in full for all services rendered. **payments for surgical services are collected prior to the surgery for both professional and facility fees.**

Medicare

Medicare provides services to patients for medical conditions only. Those services are not limited if they are medically necessary. Medical conditions may include cataracts, glaucoma, diabetes, dry eyes, retinal issues, and visits after cataract surgery or other eye surgery as well as many other diseases and conditions. **Medicare does not cover routine examinations and refractions (a refraction is the examination used to determine your prescription for glasses or contacts) so if your visit is determined to be routine and not medical in nature, you will be responsible for the entire charge. If you elect to have a refraction done during a medical visit, or if one is required to determine your need for cataract surgery, you will be required to pay the fee for the refraction.** All other tests as well as the examination will be billed to Medicare.

If you do not have a supplement to your Medicare you will be required to pay all charges up to the deductible amount and the 20% co-insurance at check-out. If you have met your Part B Deductible, please bring a copy of your Medicare Explanation of Benefits with you to your visit. We will collect only the co-insurance amount in these cases. If your Medicare Supplement has a copayment or does not pick up the Part B deductible, you will be asked to pay these charges at check-out as well.

Medicaid

Any fees not covered by your Medicaid plan, including routine eye examinations, refractions, contact lenses and other services are due at check-out. **Most Medicaid plans provide coverage for routine examinations and refractions for children under age 21 only.**

Referrals and Authorizations

Please be aware of any requirements of your insurance policy relating to referrals or authorizations for services and provide all necessary documents in advance of any treatment or services. If you do not obtain the necessary referral for care you will be responsible at check-out for the full cost of the service provided.

Refunds

Occasionally a payment that you make at check-out for a service or supply may be covered by your insurance at a different level than we anticipate. This may happen if, for example, you met your deductible during another doctor's visit and the claim for their service was processed prior to our visit. **In those instances your overpayment will be applied to your next visit unless you specifically request a refund to be processed as a credit on either a debit or credit card**. Refund checks will be issued only if there is no other option available.

Billing/Collections

If for some reason the amount collected at check-out is less than the amount you should have paid, any amount due will be reflected on our monthly statement. Payment is expected when the statement is received. **Patients who ignore statements, or our attempts to collect past due amounts may have their ability to schedule appointments hindered, may be dismissed from the practice or may be turned to a collection service for further action. Patients who are dismissed from the practice will be notified in writing and will be given 30 days to find alternative vision care. Appointments for emergency visits will be allowed during the 30 days but payment of an emergency visit will be collected at check-in with any additional amounts due collected at check-out.**

Printed Name of Patient

Signature of Patient or Legal Guardian

I understand that my medical insurance does not generally cover the $30.00 fee for a refraction necessary to obtain an updated glasses prescription and am aware that I will be responsible for this amount at check-out. ____ (Please initial)

I am aware that I am scheduled for a routine examination and, am aware that should my visit today be determined to be medical, I will be responsible for any copayment, deductible and co-insurance amounts PLUS the $30.00 refraction fee. _____ (Please initial)

Date: _____