

**BILLING AND COLLECTIONS**

- ALL co-pays are due at the time of service. All charges that are not covered by insurance are due at time of service.
- We do offer payment plans through (Care Credit) and (Sunbit). Please approach our staff if interested.
- With more healthcare costs paid directly by patients, we have had to adjust our business policy. As a result, you are required to pay balances that are not covered by your insurance company.
- A \$20 processing fee will be added to a balance after 30 days have passed of non-payment.
- A \$35 fee will be charged for all returned checks and your account will be placed on a "cash or credit basis ONLY". Any unpaid balances after 90 days will be turned over to a collection agency. An account in collections can negatively impact your credit score.
- For any children seen, the accompanying parent or adult is responsible for full payment at the time of service.
- Missed appointments and late cancellations will be charged a \$40 fee. Cancellations are requested 24 hours in advance prior to appointment. After a third missed appointment, we may discharge you from the practice.
- If you aren't aware of coverage under a vision plan other than your medical insurance coverage, and later determine that you have a vision plan, you will have to contact that provider directly for reimbursement.
- There will be a 40% non-refundable fee charged for the cancellation of any contact lens supply order.

**Participation with Insurance Companies:**

- All services will be submitted as a courtesy to your insurance. If the insurance does not cover services that were performed, any balance will become the patient's responsibility.
- If we don't participate with your insurance company, payment is due at the time of service. We can print out an itemized bill for you to give to your insurance company for a possible reimbursement.
- We suggest you contact your health insurance plan in advance of your appointment to discuss coverage and reimbursement. It is important for you to understand your benefits as they relate to services your physician may provide or prescribe.

**PLEASE PRESENT YOUR MEDICAL INSURANCE CARD, VISION INSURANCE CARD AND A PHOTO ID AT EVERY VISIT BEFORE YOU ARE BEING SEEN BY THE DOCTOR. THANK YOU!**

Signature of Patient or Guardian: \_\_\_\_\_ (Date)

### Vision Insurance Plans vs. Medical Insurance

#### PLEASE READ CAREFULLY

There is significant confusion regarding vision insurance plans. If you are enrolled in a Vision Insurance Plan (VSP, Spectera, EyeMed, Superior Vision, Davis Vision, Eyetopia etc.), your plan will generally ONLY cover a basic “well visit”, which is a basic evaluation/screening test for patients who have NO significant complaints, with NO medical issues that can affect ocular health NOR any previously diagnosed eye conditions. We have very specific criteria on when to submit your visit to your medical insurance as opposed to your Vision Insurance plan.

-In **MANY** cases, your Eye Examination today will be billed to your **MAJOR MEDICAL INSURANCE** (including all copays and deductibles) and **NOT** YOUR VISION PLAN if you meet **ANY** of these conditions.

1. If you have ANY problems or complaints that MAY be attributable to a medical condition which often requires a more in-depth investigation and additional medical decision-making to rule out any underlying pathology, **we will accordingly bill your MEDICAL insurance, NOT your vision plan.** These include, but are not limited to:

New or sudden blurry vision	Eyestrain or double vision	Headaches
Flashes or floaters	Eye pain, redness or itchiness	Dimming of vision

2. There are a variety of systemic conditions that can profoundly and permanently affect a patient’s vision that require a more in-depth investigation, which may include additional testing, follow up visits, and reports to your primary care physician. This type of examination is **NOT** covered under “vision” plans, **and we will accordingly bill your MEDICAL insurance, NOT your vision plan.** These include, but are not limited to:

Diabetes	Thyroid conditions
High blood pressure	Lupus or other autoimmune issues

3. If you have previously been diagnosed by another eye doctor for any eye issues that require medical decision-making, treatment or management, **we will accordingly bill your MEDICAL insurance, NOT your vision plan.** These include, but are not limited to:

Cataracts	Macular degeneration
Amblyopic/lazy eye	Retinal problems
Glaucoma/previous diagnosis of high eye pressure	History of Eye Surgery

**Please be aware that all visits billed through your medical insurance are subject to all appropriate copays and deductibles, which may be different than your Vision plan copay.**

*If you meet any of the requirements above but want our office to ONLY use your routine vision benefit, we will be happy to make an appointment for your routine eye exam and refraction using your vision insurance once the doctor has done a complete medical eye health exam and has cleared your eye health for a routine eye exam and refraction (prescription for glasses.) **Due to provider liability and professional standards of care, we will provide the necessary level of care and bill the appropriate insurance company as stated above based on your chief complaint and current/past eye and medical health history. Be prepared to pay either your vision or medical insurance co-pay today.***

**IF YOU HAVE ANY QUESTIONS regarding our policies of billing your examination, please ask the doctor or staff PRIOR to your examination.**

All professional charges are ultimately the responsibility of the patient. We file insurance as a courtesy, and we try to estimate the correct patient responsibility of charges, but any denied claims, co-insurance payments, deductibles, etc. are ultimately determined by YOUR insurance company and you will be responsible for ANY unpaid amounts as determined by your insurance contract. By signing below, you accept the above terms and responsibilities.

Signature of Patient or Guardian: \_\_\_\_\_ (Date \_\_\_\_\_)