

PLEASE RETURN THIS ORIGINAL COPY TO THE RECEPTIONIST

FAMILY EYE CARE
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FINANCIAL POLICY

Thank you for choosing Family Eye Care as your healthcare provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy, which is available for you to review at any time.

ALL CO-PAYMENTS AND DEDUCTIBLES ARE DUE AT THE TIME OF SERVICE. FULL PAYMENT IS DUE AT TIME OF SERVICE FOR ALL NON-COVERED SERVICES (REFRACTION AND CONTACT LENS EXAMS). OUR CONTRACT WITH YOUR INSURANCE COMPANY REQUIRES US TO COLLECT THESE FROM YOU. WITH THE RISING COST OF MEDICAL CARE, PAYING AT THE TIME OF SERVICE IS ESSENTIAL IN KEEPING THESE COST AT A MINIMUM. PAYMENT IN FULL IS REQUIRED WITHOUT PROOF OF INSURANCE.

It is your responsibility to give us accurate and updated insurance information at each visit. Failure to do so may result in you being responsible for a balance that your insurance company may have otherwise paid. Many managed care insurance plans have strict guidelines regarding timely filing which makes accurate information a necessity. If you are covered under more than one insurance plan, please remember to give us information on all plans at the time of service.

It is important for you to respond to your insurance company when any information is requested from you. Often they will send questionnaires regarding other coverage and will not process your claim until you respond. Some insurance companies require this with your first claim each calendar year. Do not make the mistake of thinking you have already given them this information and it is not necessary to respond. **When your insurance company notifies us they have requested information from you, the balance then becomes your responsibility and remains your responsibility until the claim is paid.**

We understand unforeseen circumstances such as uncovered services, and emergencies occur. In these situations when you incur a balance, we require monthly payments with the exception of paying the balance in full in 3-4 months. If this is not possible please set up payment arrangements with our office.

If monthly payments are not received regularly, your account will automatically move into our collection process. We are willing to work with you on your balance, but communication with our billing office is essential. If you have any questions regarding your bill or wish to set up payment arrangements, contact our billing office at 4778-553-0007. **If you receive a bill that you feel is not your responsibility, it is important for you to contact the billing office.**

Never ignore a bill simply because you feel it is not your obligation or you think your insurance company should pay it. You cannot assume your insurance company will cover any balance once we have transferred the responsibility of that balance to you. We only transfer responsibility to you after we have had response from your insurance company.

It is important to read the explanation of benefits (EOB's) sent to you from your insurance company. This will explain why certain charges are not covered. If you have any questions regarding your bill, please contact our billing office at 478-553-0007.

If an insurance payment has not been received within 60 days from the date of service, the bill will become the patient's responsibility. Personal accounts over 90 days past due will be turned over to collection services for collection procedures. A 1.5% late charge will be added monthly. In the event of default in the payment of my charges, I agree to pay all cost of collection, including a reasonable attorney's fee, should the account be referred to an attorney for collection. I further agree to waive my rights of exemption as to personal property.

A 50% deposit is required on all products before they can be ordered. All past due balances must be paid in full before any prescriptions are released or ophthalmic products are dispensed. No refunds on any ophthalmic products.

Family Eye Care is not responsible for damages to frames and/or lenses no longer under warranty or not purchased from our optical. If the frame is damaged, no refund will be granted on ophthalmic lenses or frame parts.

A 24 hour cancellation is required on all confirmed appointments. Failure to do so will result in a \$20 No Show fee.

Refraction Policy

The refraction portion of the eye exam is performed to determine if glasses, or a change in your current spectacle correction, will provide the best possible vision of the eye. A written prescription is given if this would be helpful in improving the individual's visual acuity level. Please be aware and informed that you may be refracted as part of the eye examination, and that most insurance plans, including Medicare, do not cover this portion of the examination. Therefore, payment is expected at the time of service

1. What is a Refraction, and why do you charge for it?

You may know the test as a determinant for your need of glasses, this is so but it can also detect vision loss. Some of the time vision loss is slow and progressive and the patient may not even notice, that is why a physician will check the patient's vision by refracting them. The test can also uncover other problems a patient may be unaware of. This test is integral to determining a patient's eye health.

2. Why is this charge separate from the exam?

Medicare has deemed that a refraction is not a medical service and therefore not a covered service. Medicare does acknowledge that this is separate to the rest of the eye exam and therefore there is a separate fee for this service. Most insurance companies have followed Medicare's lead and do not cover the refraction, because they consider the test to be "vision care" and unrelated to the office visit. However, this is the only way to detect some types of vision loss.

3. Do you have to charge for the refraction?

The answer is yes, especially for Medicare patients. The Office of the Inspector General has deemed that not charging for a provided service is an "inducement" to the patient and therefore illegal. The Federal Government therefore insists that if an exam, procedure or test is performed, it must be charged for. They do this because they are worried some physicians may try to lure patients in by offering them an incentive such as a reduced fee, and want it to be a fair playing field for all physicians who accept Medicare. We are obligated by the government to charge for all of our services.