

PATIENT FINANCIAL RESPONSIBILITIES

Insurance coverage for an eye appointment can be confusing because there are two types of insurance: health and vision insurance. Many of our patients have both and we will bill each separately for the appropriate professional services.

VISION INSURANCE: Your vision plans are only meant to provide you with your new eyeglass or contact lens prescriptions, as well as the glasses and contact lenses themselves. It is also meant as a screening for eye disease. However, if a medical diagnosis is present or found during your examination this may be billed to your medical/health insurance.

MEDICAL/HEALTH INSURANCE: Your medical insurance may cover your eye health examination provided you have a medical or eye health condition, for example, diabetes, high blood pressure, cataracts or eye infections. If you have an insurance we do not accept, we will provide you with an itemized receipt that you can use for possible reimbursement. However, you are ultimately responsible for any payments not covered by your insurance company.

PLEASE NOTE THAT MOST VISION PLANS AND MEDICAL PLANS CANNOT BE BILLED TOGETHER ON THE SAME DAY. THEREFORE, ADDITIONAL APPOINTMENTS MAY BE NECESSARY DEPENDING ON THE REQUIRED PROFESSIONAL SERVICE.

PAYMENT AT TIME OF SERVICE

Payment is due at the time of service.

FOR INSURANCE ASSIGNMENT SITUATIONS

When we accept assignment of fees set by your insurance carrier, you will be responsible for any deductible, co-insurance and for any non-covered service payments that apply. We will submit claims to all insurances and health plans, whether we are a participating provider with that insurer or health plan.

DETERMINING YOUR MEDICAL CHARGES

We do our best to determine medical charges at the time of services. However, upon review of your complete office visit information, it may be necessary to adjust medical charges to comply with federal guidelines. Any changes will be shown on your final bill or on your insurance company's explanation of benefits (EOB).

OUR FINANCIAL RELATIONSHIP

You should understand that our account is directly with you, not your insurance company. You are ultimately responsible for your bill with us. It is important to remember that we strive to understand insurance billing guidelines, but you are partner in your health care. Please understand the benefits your insurance health plan provides for office visits. If you are unsure, check with your employer or call your insurance company.

QUESTIONS?

If you have any questions about your financial responsibilities or Premier Eye Center payment policies, please do not hesitate to speak with us about your concerns.

SIGNATURE ON FILE

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or Carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply.

COMPLIANCE STATEMENT

I HAVE READ AND I UNDERSTAND THE ABOVE FINANCIAL POLICIES AND I AGREE TO ABIDE BY THEM.

SIGNATURE: _____ (Patient or Responsible Party)

DATE: _____