

Ophthalmology Associates, S.C. – Financial Policies

At Ophthalmology Associates, S.C. we are proud to accept many different insurance plans. However, each insurance plan often has very specific rules that must be followed, especially when seeing a specialist. If you have any questions about your policy, please contact your carrier for the most accurate answers. We cannot be responsible for misunderstandings with your policy.

MAJOR MEDICAL INSURANCE OR NO INSURANCE: Major medical insurance plans will not consider payment for an eye exam unless you have a medical condition, symptom, or injury. Refractive error is not considered a medical condition. If you do not carry a vision rider with your medical policy and are scheduled for a routine eye exam, please inform our secretary at the time of your appointment. If you are unsure, please contact your insurance company prior to your appointment. In order to hold down billing costs, we ask that if you do not have coverage for routine eye exams and that is what you are scheduled for, please come prepared to pay for the visit which runs \$311.00 (\$260.00 exam + 51.00 refraction) at the time of your appointment. For your convenience, we accept MasterCard, Visa and Discover, along with personal checks and cash. **COPAYS MUST BE PAID AT THE TIME OF SERVICE** for all patients whose insurance we are filing.

VISION INSURANCE : If you have an insurance plan that covers routine eye exams, we strongly encourage you to contact your carrier to ensure that you are eligible for benefits at the time of your appointment. Vision insurance will NOT cover an eye exam if you have a medical condition. Vision insurance is strictly for routine eye exams. **COPAYS MUST BE PAID AT THE TIME OF SERVICE.**

MEDICARE: Regular Medicare does not cover routine eye exams. If you have a medical condition Medicare covers 80% once you have met your deductible. As part of your exam, you MAY have a refraction to determine your current prescription. Medicare and most supplemental insurance carriers do not cover this service. The cost of a refraction at this time is \$51.00. We ask that you pay this charge at check-out to help curtail billing costs.

If you are in a Managed Care Medicare plan, you may also have coverage for routine eye exams, but must follow your carriers guidelines. If you have any medical condition that requires a yearly exam, this is NOT considered routine. Please contact your carrier to verify your benefits and to verify that the doctor you are seeing is in the plan you have. Rely only on the word of your carrier. **COPAYS MUST BE PAID AT THE TIME OF SERVICE.**

MANAGED CARE PLANS: Managed care plans have MANY requirements that you must follow in order to receive benefits. Because we are a specialist office you may have different guidelines than with your primary care physician. Please contact your carrier to find out the specific rules that your plan carries and to verify that the doctor you are seeing is in your plan. Not all doctors in an office are in the same plans. Failure to follow the rules of your specific plan may result in out-of-pocket expense to you or a rescheduled appointment. **(DO NOT RELY ON THE WORD OF ANYONE BUT YOUR INSURANCE CARRIER) COPAYS MUST BE PAID AT THE TIME OF SERVICE.**

MEDICAL ASSISTANCE: To receive care under Medical Assistance, you must present your insurance card AND copay at every visit. Without your insurance card, your appointment will need to be rescheduled. If you are in a Managed Care Medical Assistance plan you MUST follow the rules of your Managed care plan. MOST Managed Care medical assistance plans do NOT cover routine eye exams in our office. Please contact your carrier to verify your benefits. **IF YOU ARE UNSURE AS TO WHETHER YOU ARE IN AN HMO PLAN, CALL YOUR CARRIER BEFORE YOU COME IN. COPAYS MUST BE PAID AT THE TIME OF SERVICE.**

ASSIGNMENT OF INSURANCE

I hereby authorize Ophthalmology Associates, S.C. to release any medical information necessary for the processing of my claims to my insurance carrier and/or my attorney indicated below. I understand this information could include discharge summary, history, and physical. Surgical reports, X-ray and lab results. I authorize direct payment to Ophthalmology Associates, S.C., of any insurance benefit and/or settlement for expenses incurred at his offices which would otherwise be payable to myself, I understand that I am financially responsible for any charges not covered by insurance and/or settlement of my claim. I affirm that I have provided Ophthalmology Associates, S.C., with all and any of my insurance coverage information. I understand that if I withhold any insurance information, which would prevent Ophthalmology Associates, S.C., from billing any of my insurance carriers' properly, those charges would be my responsibility.

MEDICARE PATIENT: I authorize any holder of medical or other information about me to be released to the Social Security Administration and Health Care Financing Administration or its intermediaries or carrier 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 assignments of benefits apply.

Patient Name: _____ **DOB:** _____

Signature: _____ **Date:** _____