



## FINANCIAL POLICY AND BILLING PROCESSES

- Payment Due: I understand that payment is due when services are rendered.
- Co-pay, Co-insurance, and Deductibles: It is my responsibility to know what my co-pay, co-insurance, and deductibles are, and my obligations to pay this at the time of service.
- Insurance Coverage: I acknowledge that the insurance cards I have presented are current and accurate.
- Non-covered Services: I understand that some services may be considered non-covered services by my insurance plan. I understand that it is my responsibility to know what my insurance does or does not cover and I understand that I am financially responsible for paying all non-covered services performed.
- Denied Charges: I understand that some charges may be denied by my insurance carrier as investigational, experimental, or not medically necessary and will not be paid by my insurance carrier. I understand that my physician feels these services are needed whether my insurance carrier deems them payable or not and that I am obligated to pay for these services in full.
- Refractions: Refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary in order to write a prescription for glasses or contact lenses. Medicare and most medical insurance plans **do not cover the fee** for refractions. I understand that I am responsible for this fee (\$50.00) and it is due at the time of service. We can, at your request, file your refraction charge with your insurance plan. If your insurance policy pays this fee we will then refund the refraction fee to you.
- Participation Insurance Plans: If the practice is not a participating provider in my insurance plan, I will be responsible for filing my own claims and I will be responsible for paying in full at the time of service.
- Returned Checks and Past Due Accounts: Returned checks will be subject to a \$25 fee plus, collection charges, penalties, and interest. All accounts are considered past due if not paid within 90 days of service. Past dues accounts may result in collection turnover and subject to a \$45 fee or the refusal of future appointments until past due balances have been paid in full. The practice does not accept post-dated checks.
- Medicaid: The practice only accepts patients that have only Medicaid coverage if they are referred by another Medical Provider for a medical condition. The practice does not participate with Medicaid for routine vision services. Should my Medicaid policy be expired at the time of my visit and I choose to continue to have Alamo City Eye Physicians treat me, I understand that I am responsible for any and all charges that are excluded by Medicaid, i.e. a Refraction.

- Vision benefits: Alamo City Eye does not accept vision plans. If you are interested in using vision plan benefits, you will need to seek treatment from a participating provider.
- No Show Appointment: All appointments that are not cancelled within 24 hours prior to the appointment time are subject to a \$25 no show fee. This \$25 fee must be paid before we can reschedule your appointment.
- Surgery Charges: The practice will make every effort to determine your insurance benefits and to relay to you what you will owe for surgery charges. Please keep in mind that this is just an estimate. Please be aware that when surgery is performed, you may incur additional charges (in addition to the surgeon's fee) from the surgery facility, anesthesiologist, or laboratory. Surgery payments are due prior to the procedure.
- Authorizations: Some insurance plans require you to request prior authorizations for services for a specialist, please review your policy to see if there is such a requirement and obtain this authorization prior to your visit with our clinic. Lack of proper authorization may result in no payment by your insurance company.

If you would like a copy of this policy, please request one from our staff.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_