



## OFFICE POLICY

Dear Patient,

Thank you for choosing Integrated Eyecare for all of your vision care. Our goal is to provide you with the best possible care and service. Our mission statement is *"We focus on you by delivering an out-of-sight eyecare experience"*. To maintain this goal, we live by the philosophy of "Nothing is more important than the patient." To achieve this goal, we have certain policies that we follow.

**Medical Examinations:** Physicians must follow accepted national guidelines when determining what your charges (or level of service) will be. They must code your visit based upon what services were provided and cannot take into account particular health plan benefits. If a patient is referred to our office, as we are the specialist, most likely the examination will be billed medically. Consequently, we are unable to switch the visit reason and diagnosis in order for a claim to be covered by your vision insurance. Evaluations could be billed medically due to the diagnosis and level of service. This information is not completed until the exam has been completed. If the examination completed is medical, the evaluation may include a \$45.00 refraction fee not typically paid for by medical insurance. The refraction is the portion of the examination that determines your refractive state, or prescription. Our office will bill your refraction as a courtesy to your insurance, unless you are covered by Medicare.

**Insurance Responsibility:** To keep billing costs down, payment is due at the time that services are rendered. With today's health insurance companies, there is **no guarantee of payment** until the claim is processed. We will call your insurance company (when possible) as a courtesy to you and try to provide an estimated reimbursement amount. To achieve this estimated reimbursement, you need to provide a current copy of your vision and medical insurance cards at the time of your visit. This may be asked of you every visit. (While each patient is responsible for knowing their own benefits, we will do our best to translate the information for you.) If your insurance company changes, we need to be made aware of this change before your appointment(s). If we are not notified, there is a chance that all referrals or authorizations have become invalid and you are responsible for all charges and will be required to pay at the time of service. This may also result in the requirement of an ABN being signed.

While filing the claim within your insurance is a courtesy that we extend to our patients, all charges incurred are ultimately the responsibility of the patient from the date the

services are rendered. If the insurance does not pay within 90 days, you, the patient, will be responsible to pay the balance. If the services are reimbursed by the insurance after 90 days, you will receive a refund. After the insurance has paid their portion, remaining balances are due and payable within 30 days of the first billing. After 30 days, a service fee of \$5.00 will be charged to your account and will show on your statement. We assign all unpaid accounts to an outside collection agency that report to a national credit bureau. They will add additional penalties and interest to the unpaid amount.

**Referrals:** Referrals are the responsibility of the patient to obtain from the primary care provider. This must be done before your appointment. If a referral is not obtained, the insurance will not be billed and the patient is ultimately responsible.

**PIP/WC Claims:** To bill an Auto Insurance or PIP claim due to an injury or accident, our office needs to be supplied with all pertinent billing information prior to the time of your first appointment. These services cannot be pre-approved. If you have a Workers Compensation claim, this information will need to be provided prior to your appointment as each injured worker must be approved before services are rendered. While filing the claim within your insurance is a courtesy that we extend to our patients, all charges incurred are ultimately the responsibility of the patient from the date the services are rendered. If the auto insurance/Workers Compensation does not pay within 120 days, you, the patient, will be responsible to pay the balance. If the services are reimbursed by the insurance after 120 days, you will receive a refund.

**Broken Appointments:** We ask that you notify our office 24 hours in advance if you are unable to make your scheduled appointment. Our office carries a large cancellation list and has opportunities to provide services to patients on a short notice.

*Thank you for your understanding. If there are any questions, please be sure to ask.  
- Integrated Eyecare*

Patient Name: \_\_\_\_\_

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

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

Relationship to the Insured: \_\_\_\_\_