

FINANCIAL POLICY

Thank you for choosing Advanced Ophthalmology of Michiana as your healthcare provider. We are committed to your treatment being a successful experience. Our Front Desk and Billing Department Staff will work very hard to make sure your paperwork is filed accurately and properly.

INSURANCE

Please bring your insurance cards and a copy of your photo ID to every visit. In order to accurately bill your insurance company we require you provide accurate and current insurance information including primary and secondary insurance. We will bill your insurance company as a courtesy and bill your secondary as well. It is the insurance company that makes the final determination of your eligibility and benefits.

It is your responsibility to check with your insurance company to be sure we participate with your plan. If a balance remains after we bill your insurance company and any secondary that applies, we will bill you for the balance, which is payable by you upon receipt of our statement.

Having more than one insurer does not guarantee your services will be covered 100%. You are responsible for any balances after your insurance(s) has cleared.

UPDATES TO DEMOGRAPHICS

We require you update your address, phone number, email address and employer information with us whenever there is a change. We are not responsible for delinquent accounts due to lack of receipt of statements or other correspondence when we do not have your current and correct information. Notices are assumed to be acceptable if they are returned to us as unclaimed, forwarding order expired, or otherwise undeliverable.

INSURANCE REFERRALS

You are responsible for getting proper insurance referral information and authorizations in advance of your appointment if needed.

VISION PLANS

We participate with Vision Service Plan (VSP) and EyeMed. Please check with your plan to see if we are members of your Vision Plan. If we do not participate, services are payable at the time of service.

CO-PAYS

All co-pays are expected to be paid at each and every visit. Co-pays are to be paid at **check-in** and collected before your appointment.

PATIENTS WITHOUT INSURANCE COVERAGE

Self-pay accounts are for patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without any insurance card on file with us. It is always the patient's responsibility to know if our office is participating with their plan. Self-pay accounts are payable at time of service and are to be paid at **check-in**. Payments can be made by cash, check, credit card, or care credit. A payment of \$150.00 is the minimum amount for all visits. Any subsequent visits can be added to a payment plan if needed.

PAYMENT PLAN

Extended payment arrangements for established patients are available. Please talk with our check-out staff or our billing department to set up payment plan.

CREDIT CARDS

We accept Visa, MasterCard, Discover, and American Express credit cards. You may pay in person, on the phone, or securely and conveniently online with your patient portal.

ROUTINE EXAM VS. MEDICAL EXAM

A Routine Vision Exam is a screening exam which is performed as a “healthy” eye visit. It is most frequently requested by patients to determine the need for corrective glasses or contact lenses. Not all insurances cover routine vision exams or offer a “vision” benefit. It is your responsibility to know if you have this benefit and how often it may be available. You will be responsible for payment if your vision exam is not covered. A Medical Eye Exam is billed to your medical insurance with a medical diagnosis that matches the symptom or condition with which was examined on the date of service.

REFRACTION

This is a test to determine if you need a glasses prescription. Unfortunately most insurance companies do not pay this fee; it is billed to the patient in addition to the exam charge. Our refraction fee is \$40 and payable at check-out at date of service.

WORKMANS COMPENSATION

In the case of a workers’ compensation, you must obtain the claim number, phone number, contact person, name and address of the insurance carrier prior to your visit.

RETURNED CHECKS

There is a \$25 banking fee for all returned checks. If your check is returned from the bank, we will not accept any more checks as payment. Future payments must be made with cash or any major credit card.

MINORS

The parent(s) or guardian(s) who accompanies the minor is responsible for full payment and will receive the billing statements.

OUTSTANDING BALANCES

If your account becomes delinquent and you have not established or met payment options with our billing department, your account will be turned over to a collection agency. Outstanding balances must be resolved prior to any non-emergency appointments.

This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us at 574.233.2114.

I have read, understand and agree to this Financial Policy of Advanced Ophthalmology of Michiana.