

PATIENT FINANCIAL POLICY 2023

Thank you for choosing Advanced Ophthalmology of Michiana as your healthcare provider. We are committed to your treatment being a successful experience. Your clear understanding of our Patient Financial Policy is vital to our professional relationship. Your payment for services is a part of that relationship. Our Front Desk and Billing Department Staff can help you with any questions or concerns you may have.

INSURANCE

A copy of your insurance cards and photo ID must be brought to **every** office visit. 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 to 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.

EyeMed does not coordinate with many medical insurance companies for the refraction fee. Humana Medicare, IU Health, IU Health Medicare Advantage and Notre Dame BCBS are a few of the plans that we are aware of that do not coordinate. The patient will owe the \$45 refraction fee and we will not send the refraction to EyeMed.

CO-PAYS

All co-pays are to be paid at every office visit. Co-pays are to be paid at **Check-In** and cannot be billed to you.

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 a payment plan.

CREDIT CARDS

We accept Visa, MasterCard, Discover, and American Express credit cards. You may pay in person, over the phone, or securely and conveniently online on our website via credit card at www.mypatientvisit.com under "PAY MY BILL." The tab is on the right side of the web page to pay your bill without setting up a patient portal account. Our practice ID is AOM.

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.

WE WILL NOT MODIFY A DIAGNOSIS TO FIT YOUR PLAN BENEFITS

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 \$45 and payable at **check-out** at the time 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. If this information is not provided, you will be asked to call back and reschedule when you have all the information.

RETURNED CHECKS

There is a \$40 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.

CONSENT & PAYMENT FOR TREATMENT OF MINORS

The parent who brings a minor child to the office shall be responsible for giving consent of treatment, authorizing payment for services, and payment for all fees incurred and owed at the time of service. A note must be sent with anyone that is not the parent or guardian of the patient in order to treat the minor at the time of service.

REFUNDS

Occasionally a payment that you make with us may be covered by your insurance at a different level than we anticipate. The overpayment will be refunded to your credit card or a refund check. We will not keep overpayments in your account to use later.

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. If you have a financial hardship, or if you are unable to pay your bill in its entirety, please contact our billing department to discuss payment options. Our staff is always available to listen and help.

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 with this Financial Policy of Advanced Ophthalmology of Michiana.