

# TUSCARAWAS EYE CENTRE FINANCIAL POLICY

## Financial Assignment and Agreements

- Bring your **insurance cards and driver's license to every visit**. We will ask to see your insurance card(s) at each visit; this will insure that your insurance will be billed correctly.
- I understand that I am financially responsible for all charges not covered by insurance. **Copays, coinsurance amounts, deductibles are due at the time services are rendered**. Payment can be **made by cash, check, Master Card, Visa, Discover or Care Credit**.
- A **refraction**, which determines the need for glasses or a change in one's prescription, is not covered by many insurances. For example, Medicare does not pay for the refraction. I agree to be fully responsible for payment of a refraction not covered by my insurance or if I am covered under an insurance/vision plan for which my doctor is not a provider.
- I understand that I will be charged \$25 for a missed appointment unless I give a 24 hour notice to either cancel or reschedule the appointment.
- I understand there is a \$25 service charge for returned checks.
- I understand that if my insurance company requires an authorization it is my responsibility to make sure one is in place prior to my visit.
- I understand that if my account balance becomes past due and is sent to an outside collection agency, I will be responsible for any additional fees incurred and could be terminated from the practice.
- The adult parent or guardian accompanying a minor(s) is responsible for payment of the minor(s) patient's account. Regardless of whose name is listed as the insurance policy holder. For unaccompanied minors, non-emergency treatment can be denied until a parent or guardian is present or we have written permission for treatment.

Tuscarawas Eye Centre firmly believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to the Billing office.

Please sign that you have read and agree to this Financial Policy.

X \_\_\_\_\_

Signature of Patient or Responsible Party

Date

Office Use Only

I authorize the release of any medical information necessary to process insurance claims on my behalf. I also request payment of medical benefits directly to Tuscarawas Eye Centre, Inc. and agree to be responsible for any charges incurred and not covered by my insurance carrier.

X \_\_\_\_\_

Signature of Patient or Responsible Party

Date

**Routine Eye Exams vs. Medical Eye Exams**  
*Please Read Before Your Eye Examination*

Regular eye examinations are important to maintain your vision for your lifetime. It is important that you be aware of your insurance benefits, so you will know how billing will be handled. Ultimately, it is **your responsibility** to know what your own insurance plan covers. Some medical insurance plans provide a benefit for one routine, preventive eye examination per year. We hope this information will help you to understand how your visit is submitted to your insurance for today's visit and future visits with *Tuscarawas Eye Centre*.

Benefits may vary based upon the reason for your visit. Your description of your eye condition will help us to determine whether your visit to the clinic is defined as "Routine" or "Medical". Your symptoms and eye examination findings will determine how your visit is coded and billed to your insurance.

**Routine Eye Examinations** A "routine eye exam" is an eye examination without any medical eye problem. The doctor screens the eyes for disease and will check your vision. *Routine exams are covered by vision plans but may or may not be covered by medical insurance.* Some vision plans we are providers for are, but not limited to:

VSP	Aultcare	Benefits Services	Klais
EBMC	Primetime	Medical Mutual	Ohio Health
Choice			
United Health Care			

It is **your responsibility** to check with your insurance to see if we are providers for your plan.

**Medical Eye Examinations** Exams for medical care, which are for evaluation of a medical-related complaint or follow up of an existing condition, are examples of an eye examination that would be billed to your medical insurance. Examples that will necessitate your visit being submitted as a medical exam include diabetes mellitus, eye irritation, dry eyes, allergies, floaters, glaucoma, cataract, "lazy eye", macular degeneration, and others. Please note that if you have Diabetes, we will send a letter to your primary care physician regarding your eye examination and the visit will be coded as a "medical eye examination".

**It is your responsibility to tell us what insurance benefit you intend to use.** If your medical insurance allows for a routine, annual exam, we need to be aware of this coverage **prior** to your exam. If you report symptoms during your visit related to an eye problem, disease, or injury, or your doctor determines that your problem falls under the category of a "medical eye examination", your visit will be billed as a *medical* exam instead of a *routine* exam, which will be subject to co-pays and deductibles according to your plan. If you have coverage with VSP *the refraction, if done, will be billed to that vision plan.*

**In summary, how your eye exam will be submitted to your insurance carrier will depend not only upon what you tell the doctor, but also what the doctor finds upon examination. Your signature below indicates that you understand the differences between routine and medical eye examinations and the potential implications of these differences on the type of exam that gets billed and the potential for fees that may include co-pays, deductibles, and/or co-insurance fees.**

**You understand that you are responsible for any of these fees as determined by your insurance carrier. If you have any questions, please ask a member of our staff.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Acct \_\_\_\_\_