

## Medical vs Vision - Financial Policy

### 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 and how they apply to your visit, so you will know how billing will be handled. 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 20/20 Vision Center. 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" takes place when you come for an eye examination without any medical eye problem. The doctor screens the eyes for disease and will check your vision.

**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, eye muscle imbalance, "lazy eye", macular degeneration, and others. Please note that if you have diabetes mellitus, and would like us to send a letter to your primary care physician regarding your eye examination, the visit will be coded as a "medical eye examination".

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 a separate Vision Plan, such as VSP, we will be happy to schedule you for a 'routine' eye exam.

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.

### **Prescription Refills**

Please plan ahead for monthly medication refills. We require 48-hour notice during regular business hours to send in refills.

### **Forms**

As a courtesy to our patients we will fill out driver's license, school, and single page return-to-work forms free of charge. The fee for FMLA form, Disability and Workers Compensation forms is \$25. Payment is due when the forms are dropped off. We require 3-day turnaround time.

## FINANCIAL POLICY

### Appointments

- 1) We value the time you/we have set aside to take care of your eyes. If you are not able to keep an appointment, we would appreciate at least 24-hour notice. Patients who do not show up for up to four appointments without notifying us in advance may be released from our practice.
- 2) If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, it may be necessary to reschedule your appointment.
- 3) We strive to minimize any wait time; however, emergencies do occur and some patients may take longer than others this may affect scheduled visit times. We appreciate your understanding.
- 4) For any exams not cancelled within 24 hours of their scheduled time, there will be a \$35 no-show fee billed to the patient. For specialty exams, cancellation fee could be up to \$50.

### Insurance Plans

- 1) It is your responsibility to keep us updated with your correct insurance information. Insurance cards should be available to be copied at every visit. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.
- 2) It is your responsibility to understand your benefit plan with regard to, for instance, covered services and participating laboratories. Eligibility with insurance is the responsibility of the patient.
- 3) We are a specialist's office. If your insurance requires referrals, you must come with the appropriate referral or have contacted your PCP to generate an electronic referral. Otherwise, your insurance cannot be billed. It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered. If you arrive without your referral, your appointment will be rescheduled.

### Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, coinsurances. 20/20 Vision Center is contractually obligated by your insurance to collect deductibles, co-payments or co-insurance without a documented financial hardship.
- 2) Co-payments are due at the time of service.
- 3) You, the patient, are responsible for non-covered services (services not covered by your insurance plan). For example, refraction for glasses is a non-covered service with medical insurance. If you do not have vision insurance, you will be expected to pay for the refraction on the day of service (\$40).
- 4) Self-pay patients are expected to pay for services at the time of the visit.
- 5) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.
- 6) Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 14 business days of your receipt of your bill.
- 7) Any balance outstanding longer than 90 days will be forwarded to a collection agency.
- 8) For scheduled appointments, prior balances must be paid prior to the visit. If a balance is due no appointments will be scheduled.
- 9) We accept cash, checks, Visa, Discover, American Express and MasterCard credit and debit.
- 10) A \$25 fee will be charged for any checks returned for insufficient funds.

### Transfer of Records

- 1) If you transfer to another physician, we will provide a copy of your last visit to your physician, free of charge, as a courtesy to you. We need 48-hour notice. Legally, the office has 30 days to get records transferred to a new practice / doctor.

**Optical & Eyeglasses**

- 1) Orders for eyeglasses / Lens will be processed when the **total** amount for the payment is collected. Your insurance plan may be billed by us, but the total amount must be paid in full before ordering.
- 2) Payments on glasses are non-refundable. If you have any questions concerning your lenses, please call the optical department as most insurances / labs will not return lenses after 30 days.
- 3) Patient Own Frame: There will be a small service fee of \$25 and we are required to send your frame to our lab for processing. Should your frame break at any time during lens insertion, 20/20 Vision Center and the labs we use are NOT responsible for any breakage, a new frame and lens purchase will be required.
- 4) All prescription eyewear is custom made for you specifically and cannot be returned for a refund. All non-prescription items, such as sunglasses, can only be returned at our discretion, and must be free from any defects.

**Contact Lenses**

- 1) There is a separate charge for contact lens evaluation and contact lens fitting, in addition to the vision or ophthalmic exam charge. Some vision insurances cover the cost of an annual contact lens evaluation. These fees are good for 60 days. Prescriptions are good for one year. No contact lens prescription will be available, without a contact lens annual fit.
- 2) Patients wishing to change the type of lens they are currently wearing will be charged a refitting fee in addition to the exam charge. Some vision insurances cover the cost of this. (example: spherical to toric / multifocal / RGP, etc)
- 3) Contact lenses will be ordered when lenses are paid in full. We can submit your contact lens expense to your vision insurance company, but the balance due must be paid before contacts are ordered.
- 4) Contact lenses will be mailed to you at a charge of \$10.00 for postage, unless the cost is more, then that amount will be charged. A per-box discount is provided when patients order an annual supply of contacts.
- 5) Patients wearing contact lenses require additional time, and additional visits. In order to prescribe contact lenses, our doctors must complete additional tests, such as: evaluating the cornea, conjunctiva, eyelids and how contact lens wear will or is affecting the health of your eye. Our doctors use the results from these tests to determine the proper contact lens prescription and measurements for the best contact lens fit for you. Your contact lens prescription is different from an eye glass prescription.
- 5) If the training of the contact lens is unsuccessful, after 1 hour, you will be re-booked on a different day to attempt the training again. There will be a maximum of 3 training sessions.

**By signing below, I acknowledge that I have been given an opportunity to receive a copy of 20/20 Vision Center’s Privacy Policies, and I agree to the above policies. I have read and understand the office policy for 20/20 Vision Center, and agree to comply and accept the responsibility for any payment that becomes due as outlined previously. If I do not pay any balance due, I understand I will not be able to schedule any appointment with any 20/20 Vision Center provider until the balance due is paid.**

\_\_\_\_\_  
Patient Signature/ Guardian/Responsible Party

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Witness