

Office Policies and Patient Financial Responsibility Disclaimer

This document is provided to you so that you will understand both your responsibility as the patient, and our responsibility as the provider in regard to your insurance coverage and our office policies. Some of your questions may be answered below.

Does your office take my insurance? This is one of the most frequent questions we are asked, yet the answer is a bit convoluted. There are several different types of commercial medical insurance, many of which we are contracted with. Because individual plans vary, our staff will do their best to explain your coverage to you. As a courtesy to our patients, we do file the initial insurance claims for those companies for which we have agreed to accept assignment. All insurance information must be presented at the time of your visit. We cannot accept any changes to this information past the date of service. After that time, we can provide you with the necessary information to file the claim for your own reimbursement.

What is the difference between a Vision Plan and Medical Insurance? We often see patients that have both vision and medical insurance plans. They are very different in terms of services covered, and it is important for our patients to understand those differences. Vision coverage (such as VSP and EyeMed), is mainly designed to determine a prescription for glasses, help pay for eyeglasses or contact lenses, and to evaluate the health of the eyes. Vision plans are not designed or equipped to deal with medical conditions, diagnoses, and/or treatment plans. When a medical diagnosis is present (i.e., diabetes, hypertension, or an eye disease such as dry eyes, allergies, cataracts, and glaucoma to name a few) it is necessary to file the claim for your visit with your primary medical carrier and the co-pays for that insurance will apply, as well as any non-covered service fees. Vision insurance does not cover medical eye problems, just as medical insurance does not cover routine vision problems.

Our office does not make these rules; they are defined by the insurance carriers themselves.

Triangle Family Eye Care makes every effort to be a provider on major insurance carriers for your convenience and we will file those claims for you when a medical diagnosis is present. In the event that we do not take your major medical/vision insurance, we will provide you with an itemized receipt so that you may file with your carrier for reimbursement.

Using your benefits with us

1. It is your responsibility to know if a referral is necessary for your visit.
2. Co-payments are due at the time of the visit. We are considered a specialty office, therefore the “specialty co-payments” will apply.
3. Deductibles are due at the time of the visit.
4. A valid, current insurance card must be presented at each office visit.
5. If the service is not a covered benefit, or if your health plan tells us you are not covered, payment in full for all services rendered are due on the date of service. If your insurance subsequently makes payment, any over payments will be refunded to you.

Regarding Your Health Plan

1. Your insurance is a contract between you, your employer, and the insurance company. Our office is not part of that contract. While we may have an agreement with many of the health plans to provide services, any questions regarding coverage must be resolved by you with the insurance company before the time of your visit.
2. Not all services are covered benefits in all contracts. Some health plans select certain services that they will not cover. We will attempt to verify your plan eligibility for services and/or materials before your appointment. Verification of eligibility is done as a courtesy only and is not a guarantee of payment. It is your responsibility to be familiar with the services your plan covers.

Associated Fees

1. Contact Lens Fees: Contact lens evaluation services may not be included as part of your routine vision benefits and additional fees may apply. Fees/co-pays are customized according to the complexity of the case and the predicted time necessary to care for the patient. There are additional fees associated with contact lens insertion and removal training for first time wearers.
2. Refraction Fee: The part of your examination that determines your prescription is called refraction. Refraction is also done under certain circumstances for diagnostic purposes. If you have routine vision benefits such as VSP or Eyemed, your refraction is typically included within your exam benefits. Medical insurances that do not include routine vision benefits do not cover refraction. The fee for refraction is \$55.
3. 24-Hour Cancellation Fee: You will be responsible for a \$35 late cancellation/no-show fee if we do not receive notice within 24 hours prior to your appointment. This fee will be an out-of-pocket charge. Triangle Family Eye Care reserves the right to terminate treatment after two no-shows.

By signing below, I acknowledge that I have read the information above and understand it, as well as my responsibilities as a patient of Triangle Family Eye Care, completely. In addition, if any payment is denied, I agree to be personally and fully responsible for the payment within two months (60 days) from the date of service. Any balance deemed patient responsibility, and which remains unpaid after two months of invoices (60 days), will begin various collections activities including, but not limited to, submitting the past due account to a collection agency and adding collection fees.

Print:_____

Sign:_____

Date:_____

Eligible For All Members Of The Family

Yes []