

Patient Name: _____ DOB: _____

Vision Insurance: _____ Medical Insurance: _____

Financial Policy

In order to provide a convenient and consistent payment experience for our patients, we have implemented the following financial policies.

Due to the increasing number of high-deductible health plans and non-covered services, we will now require that patients add a credit or debit card for payment of services upon checking in for appointments.

1. All co-pays and non-covered services are due the day of service.
2. Charges for services rendered to children whose parents are divorced will be the responsibility of the parent who seeks treatment for the child and are due at the time of service.
3. There will be a **\$40.00 charge for any returned checks**, and such checks will not be re-deposited. Personal checks will no longer be accepted from any patient who has previously presented a check which was returned.
4. We do all possible insurance filing on your behalf. However, keep in mind that you are responsible for any co-pays and non-covered charges as dictated by your policy. You may file with insurance on your own and be reimbursed directly.
5. Should you have a balance returned from insurance after filing, we will email you with this information. Balances due after your insurance has processed will be charged to the credit/debit card on file approximately 7 days after the email notification.
6. **We will collect a credit/debit card at the time of check-in. Any charges (e.g. co-pays, co-insurance, deductibles) returned after insurance filing or not paid at the time of service will be charged to this card. A statement of any charges applied to the card on file will be mailed to the address on file.**
7. **In the event that you have a balance which becomes past due in excess of 90 days from the date of service, your account will be subject to collections (including additional administrative fees) and credit reporting.**

Vision Insurance Notice

1. **No vision insurance plan pays 100% of all fees.** All insurance plans have limitations, such as maximum allowances for the year and co-payments on services or materials.
2. Vision Plans will tell you that they cover your vision care. However, what is covered is determined by what your vision provider defines as routine care or wellness exams. These minimums are established by the vision plans and are usually below what is accepted as "standard of care" for medical eye conditions (including but not limited to diabetes, glaucoma, and cataracts)

Medical Insurance Notice

1. If you do not have a medical issue related to your eyes, your medical insurance will not cover your eye exam.
2. Medical insurance typically does not pay for a **refraction**. A refraction is the portion of the exam where your eyes are tested to determine your current prescription. You are responsible for this service because health insurance companies classify it as non-medical even if the rest of the visit is medical in nature. At the time of your visit you will need to pay any applicable insurance co-pays plus the refraction fee.
5. Patients with medical diagnoses may still use vision plan benefits for materials like glasses or contacts if available.

We can only file the insurance you present at the time of your visit, as claims are processed and submitted daily.

I have read and understand the financial policies as set forth in the above notice.

Patient signature _____
Date _____

Will you file with my vision or medical insurance?

Parent or guardian signature if
minor _____

Print name and
relationship _____

Most people have both vision and medical insurance. These plans are very different in terms of services they cover and it is important for our patients to understand those differences. **Insurance carriers set these rules and our office is required to follow them. Frequently, there is no way to know prior to the doctor's examination which type of insurance our office will be able to file for you.**

- Vision coverage (e.g. EyeMed, VSP, Community Eye Care, etc.) is mainly designed to determine a prescription for glasses or contacts, and is not equipped to deal with complex medical conditions and/or diagnoses. It does allow for screenings of conditions, but once they are diagnosed, we are required to file with medical insurance.
 - Medical insurance (e.g. Blue Cross, United HealthCare, Aetna, etc.) is filed when a patient has, or is diagnosed with, a medical condition (e.g. diabetes, cataracts, dry eye, floaters, etc.). The co-pays, co-insurance, and/or deductibles may apply to medical eye exams, depending upon the terms of your insurance plan.
- 1) If you have ANY problems or complaints that MAY be attributable to a medical condition which requires a more in-depth investigation and additional medical decision-making to rule out any underlying eye disease, we will accordingly bill your MEDICAL insurance, NOT your vision plan. These include, but are not limited to:

New or sudden blurry vision	Eye pain or redness
Flashes or floaters	Headaches
Dry or itchy eyes	Loss of vision
Eyestrain or double vision	
 - 2) There are a variety of systemic conditions that can profoundly and permanently affect a patient's vision that require a more in-depth investigation, which may include additional testing, follow up visits, and reports to your primary care physician. This type of examination is NOT covered under vision plans, and we will bill your MEDICAL insurance, NOT your vision plan. These include, but are not limited to:

Diabetes	Lupus or autoimmune disease
Hypertension	Thyroid disease
Long-term use of certain medications	
 - 3) If you have previously been diagnosed by another eye doctor for any eye issues that require medical decision-making, treatment or management, we will bill your MEDICAL insurance, NOT your vision plan. These include, but are not limited to:

Cataracts	Macular or retinal disease
Amblyopic/lazy eye	History of eye surgery
Glaucoma/previous diagnosis of high eye pressure	

We make every effort to be an in-network provider with major medical and vision plans for our patients' convenience and we will file those claims for you. In the event that we do not take your insurance we will provide you with an itemized receipt so that you may file with your carrier for reimbursement.

I understand the above paragraphs and authorize Carolina Eye Care on Merrimon, OD to file my insurance by the above guidelines.

Patient Signature

Date