

ONSIGHT EYE CENTER LLC

Financial Policy

Co-Pays, Co-Insurance, and Deductibles

The patient is expected to present a current insurance card at each visit. Co Pays, outstanding balances, Co-insurance, and/or deductibles are due at check-in. We accept cash, check, Visa, MasterCard, Discover and Care Credit. If a previous balance is not paid or previous arrangements have not been discussed with the billing department, then the examination, testing or surgery may be rescheduled or canceled. All patients 18 years of age and older, receiving treatment, are responsible for payment of services*. Our office will not bill any other personal party.

*We do not accept attorney letters or contingency payments from liability cases.

Insurance Claims

Failure to provide complete insurance information may result in a patient being responsible for the entire bill. To properly bill an insurance company, we require disclosure of accurate insurance information for primary and secondary insurance and updating changes in insurance information. The insurance company makes the final determination of eligibility and benefits. Patients will be responsible for paying any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for an insurance company and insurance pays directly to a patient, the patient is responsible for payment.

Referrals and Pre-authorizations

If an insurance company requires a referral and/or preauthorization for a procedure, we may attempt to obtain it on behalf of a patient, however, patients are responsible for verifying with their insurance what referral and/or preauthorization requirements are needed for coverage. Failure to obtain authorization may result in a significantly lower payment from the insurance company, and the remaining balance will be the patient's responsibility.

Returned Checks Fee-The charge for a returned check is \$25, payable by cash or money order. This will be applied to your account balance in addition to the insufficient funds amount. You may be placed on a cash-only basis following any returned check.

Medical Records Fee-If a collaborating physician (primary care, specialist or optometrist) requests portions of your record to assist in your care, *there will be no charge.*

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Office Based Facility Fee-Surgery related

Our facility utilizes an office-based outpatient surgery room for cataract and goniotomy procedures/surgeries. There is a charge of \$350, which is an out-of-pocket fee per surgery, not covered by insurance. Patients required to cover this cost in relation to a procedure /surgery scheduled will have a staff member review the fee with them *prior to* completing procedures within our facility.

Self-Pay Accounts

Self-pay accounts refer to:

Patients without insurance coverage/card on file with the clinic

Patients covered by insurance plans in which the office does not participate

It is the patient's responsibility to know if our office participates in their plan. If there is a discrepancy in our information, the patient will be considered self-pay unless proven otherwise and be required to cover services rendered at the initial appointment. If there are extenuating circumstances, please ask to speak with a billing coordinator to discuss a mutually agreeable payment plan.

Outstanding Balance Policy

Past due accounts will receive three statements with a past-due notification regarding a balance owed. If payment is not made on an account, final notification will consist of one phone call and one letter. Accounts not resolved will be sent to the collection agency or attorney, and the patient will be discharged from the practice. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs, including third party costs, attorney fees and court costs.

I have been notified of the financial policies of the Onsight Eye Center.

Print Patient Name: _____ Date_____

Signature_____