

## 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 4 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, on certain days 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.

### 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. Premier Eye Care Group is contractually obligated by your insurance to collect deductibles, co-payments or co-insurance without a documented financial hardship. Please do not ask us to waive the fees as this would be constituted as a Federal fraud.
- 2) Co-payments are due at the time of service. A \$10 service fee will be charged in addition to your co-payment if the co-payment is not paid by the end of that business day.
- 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.
- 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. Medicaid patients we cannot see as we do not participate with their vision coverages.
- 6) Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 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. The balance due initiates a termination of the patient to PEEG.**
- 9) If you participate with a high-deductible health plan, payment is required the day of service. We will always provide you with a receipt so you can be reimbursed according to your health plan.
- 10) We accept cash, checks, Visa, Discover, and MasterCard credit and debit.
- 11) A \$25 fee will be charged for any checks returned for insufficient funds.
- 12) Balances below \$10.01 will be credited to your account and a refund check will not be issued.

## **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.

## **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.
- 2) A copy of your complete record is available for a per-page charge, as determined by PA law.
- 3) The copy fee will be waived if the chart is required by our doctor/practice referring a patient to a consultant or other provider.
- 4) We provide copies of your medical records from Premier Eye Care Group only. For any previous records, you must request them directly from your previous doctor(s).

## **Prescription Refills**

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

## **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) Glasses that are not picked up within 90 days will be returned. Returning your glasses/lens time starts at the time PEGC receives the order. When glasses are returned there will be a 20% restocking fee you will need to pay prior to PEGC returning the glasses.
- 3) Payments on glasses are non-refundable. If you have any questions concerning your lens, please call the optical department as most insurances / labs will not return lens after 30 days. Please do not ask us to refund your costs.

## **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, but you will need to know your coverage.
- 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.
- 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. If you use a credit card, we will need a written request from you stating you authorize the use of your card for that purchase.
- 4) Contact lenses will be mailed to you at a charge of \$5.00 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) If the training of the contact lens is unsuccessful, you will be charged 1/2 of the fitting fee.
- 6) If after 2 times of trials you continue to be unsatisfied with your lens and need to continue to change you will be billed for the same amount of a Contact Lens evaluation thereafter.

**I have read and understand the office policy for Premier Eye Care Group, 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 PEGC provider until the balance due is paid.**