

Effingham Eye Care Practice Information and Policies

ROUTINE VISION EXAM VS MEDICAL EXAM

Routine Eye Exam: A routine eye exam takes place when you come for an eye examination without any medical eye problems, and there are no symptoms except for visual changes that can be corrected by eyeglasses or contact lenses. The doctor finds no evidence of disease or medical problems during the course of the exam. Routine eye exams are billed to your vision care plan (VSP, for example) or to your medical insurance provider if you have routine vision coverage as part of your insurance plan.

Medical Eye Exam: A medical eye exam takes place when you are being evaluated or treated for a medical condition or symptom that you bring up, eye problems you tell our staff about, or conditions that the doctor finds during the examination. Exams with medical diagnoses are not covered by routine vision plans and will be filed to your medical insurance. Insurance co-pays and deductibles will apply. Some examples that necessitate your visit being submitted to your medical insurance include eye irritation, dry eyes, allergies, watery eyes, diabetes mellitus, floaters, double vision, glaucoma, cataract, and macular degeneration.

I have read and agree to this policy.

Signed _____ Date _____

REFRACTION FEE

A refraction is the test that is performed to determine your eyeglass prescription. It is usually done on a yearly basis as part of the comprehensive exam and typically involves questioning along the lines of, "Which is better, 1 or 2?" It is an essential part of an eye examination and necessary to evaluate your eye health. It is typically done once a year, regardless of whether new glasses or contacts are prescribed. Refractions are always covered by vision plans (such as VSP) as part of a routine eye exam, but are often not covered by insurance plans for office visits that are medical in nature. Medicare considers a refraction to be routine vision care and, therefore, does not cover it under any circumstances. The fee for refraction is **\$33.00** and will be due at the time of service. For insurance providers other than Medicare, the refraction can be billed to your insurance company as a courtesy to determine whether it is a covered service.

I have read and agree to this policy.

Signed _____ Date _____

NO SHOW POLICY

If you are unable to keep your scheduled appointment, please call our office at least 24 hours prior to your appointment time to notify us. This allows us to offer that time to another patient. If you fail to show up for your appointment or cancel your appointment within 24 hours of your scheduled time, this constitutes a no-show. Patients with three or more no-shows within a three year period will not be allowed to schedule future appointments but may be seen as a work in appointment depending on availability.

I have read and agree to this policy.

Signed _____ Date _____

BILLING/COLLECTIONS POLICY

Payment for all services is due at the time services are rendered. If, however, arrangements have been made to accept your insurance as payment, we will bill your insurance company directly. In the event the insurance company does not pay, the patient is held solely responsible for the bill. Although we are more than happy to file an insurance claim on your behalf and answer any questions about a specific claim, coverage issues can only be addressed by your employer or group plan administrator. We cannot act as a mediator with the carrier or your employer.

Accounts that are 60 days or more past due will be assessed a late fee of \$35. Accounts that are 90 days or more past due will be turned over to our collections agency. In the event that you are unable to pay your balance, please contact our office to work out a payment plan.

I have read and agree to this policy.

Signed _____ Date _____

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICY

A copy of the Effingham Eye Care Notice of Privacy Practices (Updated 4/25/2013), which details how my personal health information may be used and disclosed as permitted under federal and state laws, has been made available to me.

Signed _____ Date _____