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Patient Financial Responsibility Information

The following procedures will help ensure each patient has a full understanding of what is expected of him or her financially at the onset of treatment. All charges are the patient's responsibility regardless of insurance coverage, with the exception of Medicare and contract patients.

General Policy

- ***New Patients***

  The receptionist will inform patients about registration, which will include obtaining necessary insurance information. Payment is requested at the time of service unless prior arrangements have been made with the billing office. Patients are responsible for all co-pays, deductibles, and share of costs at the time of the patient's visit.

- ***Medicare Patients***

  For those patients who are covered under Medicare Part B, we are providers and accept assignment. Medicare pays 80% of the allowable on patient charge. The patient is responsible for the 20% Medicare co-pay. If patients have supplemental insurance, we will bill the secondary carrier as a courtesy. We allow 45 days for payment and then seek reimbursement from patients directly if we have not received payment from the secondary carrier. For those Medicare patients without secondary insurance, the Medicare co-pay is due at the time of the visit.

  Patients who seek services that are non-covered under Medicare, i.e., refractive cataract surgery, they will be informed of their financial responsibility. The patient will be given a copy of the Notice of Exclusion from Medicare Benefits (NEMB) and asked to sign the form acknowledging their understanding that this is a non-covered service and they will be responsible for the non-covered fees.

- ***Private Insurance and Managed Care Patients***

  For those patients with private health care plans, we will, as a courtesy, submit patient claims. Patient insurance, however, is a contract between the patient, his/her employer, and the insurance company. We are not a party to that contract. Unless we have entered into a contract with an insurance company, we are not bound by the fees of companies who reimburse based on arbitrary "schedule of fees." Not all services are a covered benefit in all contracts nor are all services covered at their stated percentage. The deductible and anticipated co-pay or percentage due is required at the time of the patient visit.

- ***Surgery Patients***

  For those patients requiring surgical procedures, our office will make all of the necessary arrangements. As mentioned earlier, we must be sure that patients provide us with accurate insurance information. Many companies require a second opinion and have deductible and co-pay requirements. We must do our best to ensure that all of the patient's plan requirements are met at the time the procedure is scheduled, and we ask for the patient to meet with his/her account representative prior to his/her surgery being scheduled. At that time, the patient will be given an estimate of his/her surgical fee(s) and the deposit required of him/her. Any deposit that exceeds the amount the patient owes will be refunded to him/her after all payments and any adjustments that are required on the patient's account are made.

Procedures

1. During the patient's initial office visit, or prior to the second visit, the patient will be met with individually, by the business office representative, to review their insurance benefits and any required payments from the patient.

2. The following steps will be completed during the financial orientation:

   a. Check all patient information forms for completeness and accuracy.
   b. Make required copies as indicated on checklist.
   c. Inform patient of insurance benefits and estimated payment required of patient using the Financial Responsibility Form. The business office representative and the patient must sign the form; patient is given a copy for their records.
   d. If the patient has elected procedures that are non-covered by Medicare or other health plans, the patient must sign the Notice of Exclusion of Medicare Benefits (NEMB) or Notice of Exclusion from Health Plan Benefits (NEHB) form.
   e. Obtain all required signatures on patient registration forms.

3. Before any patient is turned away from the practice due to inability to pay, this should be brought to the attention of the business office manager and the administrator for their approval.

4. When the patient is a minor, a signature must be obtained from the minor's parent and/or guardian. If a minor is unaccompanied at the initial appointment, and treatment cannot be safely postponed until signatures can be obtained, a verbal consent may be obtained and noted on the consent form. Actual signatures must be obtained from parent/guardian prior to the second office visit.

5. Patient pays deductible and co-payment, signs the Assignment of Benefits Form and the practice bills the insurance company.

6. The patient will pay any unpaid balance after insurance has paid. Patient will receive a monthly statement until the account is paid in full.