

# PATIENT BILLING POLICIES

The best medical is provided based on mutual understanding. We encourage you to discuss any financial concerns you may have regarding our policies with our billing staff.

## **MEDICAL SERVICES**

All patients are expected to pay at the time of their visit. Services covered by your insurance will be billed. We will attempt to verify services your insurance will cover before your visit to our office; however, it is your responsibility to know your own insurance benefits.

## **METHOD OF PAYMENT**

For your convenience, we accept cash, checks, or credit and/or debit cards. Credit/debit cards accepted include Visa, MasterCard, American Express, and Discover. A receipt will be provided regardless of method of payment.

## **RETURNED CHECKS**

We will charge you a fee of \$25.00 for any returned checks.

## **INSURANCE**

We participate in multiple insurance plans and will bill your insurance under these plans accordingly. In this circumstance you are responsible only for applicable copayments, deductibles and fees for non-covered services on the day of your exam. We cannot accept responsibility for negotiating claims with insurance companies. You are responsible for payment of your medical care within a reasonable time, regardless of the status of your claim, therefore any claims unpaid after 60 days will become the patient's responsibility. Services not covered by your insurance are your responsibility. All claims that need to be filed a third time due to no response from your insurance will be subject to a re-filing fee of \$5.00 and added to your balance.

## **CO-PAYMENTS AND DEDUCTIBLES**

When your insurance specifies a co-payment (usually indicated on the identification card), this payment must be made on the day of your exam. When you have a deductible remaining, you will be responsible for paying your deductible amount on the day of the exam as well. Expect to pay any co-pay's or deductibles at check-in.



**EYE CENTER**<sup>OF</sup> **TEXAS**

Leaders in Eye Care

### **WE PARTICIPATE IN MEDICARE**

We are participating providers under Medicare. This means we accept the fees set by Medicare for medical services covered by the Medicare program, including surgery. Medicare patients will be responsible only for co-payments, deductibles and non-covered services, such as refractions and non-medical eye exams. We also participate in the Medicaid program for Texas.

### **PRIOR AUTHORIZATION AND VISION CARE FORMS**

Some Health Maintenance Organization (HMO) plans require you to obtain authorization for services from your primary care provider (internist, family practitioner, pediatrician, etc.) before you see an Eye Center of Texas doctor. It is your responsibility to obtain authorization from your primary care provider. This is required by your insurance before you visit our office, even when the visit is for an urgent problem. Contact your insurer if you have any questions, or contact the office of your primary care provider. We will assist in every way possible to help you obtain this authorization but obtaining the authorization is your responsibility. If services are provided and an authorization has not been obtained, you may be responsible for the entire charge.

### **INSURANCE COUNSELING**

Before any surgical procedure or exam that may entail a significant expense, our office will provide insurance coverage information and estimate what, if any, balance may remain once insurance has paid. At your request, we will provide information on coverage to the best of our ability for any examination or procedure we perform, even when not of significant expense. If special financial circumstances warrant an extended payment plan, our staff will be glad to work with you. Since other providers and facilities negotiate their contracts separately, we are not able to provide you exact payment amount due to those providers and facilities. We can only provide you with estimates based on what we have seen with other patients in similar situations and encourage you to contact your carriers and the appropriate facility to obtain specific information.

Additionally, specific situations may arise with your carrier of which we are not made aware until after the service has been provided and billed. For this reason, we can only provide estimates. The specific amounts that are billed, paid by your carrier, and due from you will be reflected on your EOB. You are expected to pay your portion of the bill according to your EOB as determined by your carrier.

### **REFUNDS**

Refunds are processed monthly. If you are due a refund, you may either apply it towards your next visit or request the refund from any of our billing staff. Our billing staff will review your account and process your refund request in a timely fashion. Once complete, a check will be mailed to the address in our system.

**WE THANK YOU FOR CHOOSING EYE CENTER OF TEXAS AND LOOK FORWARD TO PROVIDING YOU WITH THE BEST POSSIBLE EYE CARE.**

