

Whether you are new to our practice or we have had the pleasure of serving you over the years, we would like you to be aware of our financial policies. ***Please read this information carefully.*** You will be asked to sign an acknowledgement for this policy when you arrive for your appointment.

**Registration:** At each visit our receptionist will verify and updated your name, address, phone, marital status, and insurance coverage and may periodically ask you to complete a new registration form with signature. **Please present your insurance cards at every visit so we may properly bill your insurance company. If you do not have your card with you, you may be required to make full payment that day. We do NOT bill vision insurances for medical care.** Because of federal laws designed to protect you from identity theft, we must also ask for photo I.D. such as a Driver's License or other government-issued identification.

**Insurance:** Fox Ophthalmology Associates, PLLC participates in traditional Medicare and many commercial insurance plans in Pennsylvania and cannot know the details of the coverage and benefits for your particular policy. Therefore, you will need to be familiar with your policy and know what is required to access medical care. Your insurance may have on or more of the following requirements:

- Referral from your primary care physician ("PCP") authorizing your visit with our doctor, done either by a specific form or by a tracking number assigned to your visit (If your insurance card has a physician's name on it, it usually means that physician must authorize your care by a specialist). *Note that if you were referred by another eye care professional, that may not meet your insurance plan's requirement for a referral authorization from your PCP.* If your insurance policy requires this referral, **it is your responsibility to make sure we have authorization prior to being seen by our doctor. Unless you have a medical emergency, if we do not have a referral authorization for your visit and you are unable to obtain one, the visit will be rescheduled.** While this may seem harsh, it is for your protection, as much as ours, as some insurance plans will not pay for any tests or treatment that result from an unauthorized initial visit. Note that if you have a secondary insurance company or are covered by a Medicare Advantage Plan through a commercial insurer which replaces tradition Medicare Part B coverage, please consider whether that insurance company may require prior referral authorization. If they do, and none has been obtained, they will deny payment and you will be responsible for the amounts they might have otherwise paid on your behalf. If you are unsure of what you need, call the number on your insurance card or your PCP before your visit.
- Co-pay that must be paid each visit
- Annual deductibles that apply. Note a separate deductible may apply for out-of-network services.
- Specific facilities that must be utilized for hospitalization, diagnostic, or surgical services to obtain the most favorable reimbursement. An HMO may not have any out-of-network benefits. Please note that most of the surgical services we offer will be provided either in the office (Fox Ophthalmology Associates) or at one of the two following separate and distinct surgery facilities: Indiana Ambulatory Surgical Association (IASA) or Indiana Regional Medical Center (IRMC). Both the IASA and IRMC are contracted with many insurance plans but if you are schedule for surgery there, you will need to check with your insurance company to determine whether they are in-network. If not, contact the IASA or IRMC billing department depending on where your procedure is scheduled, to discuss your financial responsibility to them.

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**Patient responsibility balances.** You will be responsible for:

- Failure to arrive for an appointment, or failure to cancel an appointment within one business day, may result in a failed appointment fee of \$35.00. The fee may be charged for each occurrence of a failed appointment. These fees are not covered by insurance and are your responsibility.
- Co-pays (will be collected at check-in) and balances remaining after your insurance company has paid, including deductibles and co-insurance (percentage of the allowed amount that is your obligation).
- Self-Pay, Services not covered by insurance, and large deductibles. If you do not have medical insurance, your insurance does not cover some or all of our services, or we are not contracted with your insurance plan, you will be expected to pay at the time of service, or, in some instances, prior to service. Similarly, if you have a large deductible on your insurance policy, we may require a prepayment towards the cost of certain surgical procedures. We are familiar with the payable diagnoses for our highly specialized office testing. You may be informed your insurance will not pay for a diagnostic test our physician feels is necessary to formulate your treatment plan. Should you wish to proceed with this particular diagnostic procedure, you will be given the cost and asked to sign a Waiver acknowledging you understand you are responsible for paying the cost of the test the day of the visit.
- If after speaking with your insurance company you still have unanswered financial questions, then our billing department will be happy to help you plan to meet the costs of your care. Please call our billing department, Jelinek Billing Service, (724) 765-5820. Note that we are able only to give rough estimates of costs for any surgical services prior to your medical evaluation in our office.

**Payment methods.** For your convenience, in addition to cash or personal check, we also accept VISA, MasterCard, Discover, and American Express cards. Please be aware that checks returned for insufficient funds will result in a \$25.00 fee being added to your account; if returned a second time it may be referred for collection.

**Disability and FMLA forms.** There is also a \$25.00 charge for completing Disability insurance forms or FMLA paperwork. Payment should be presented with the form.

**Medical Care to Minors.** If both parents have insurance covering a minor, the insurance of the parent whose birthday falls first in the calendar year will be considered primary for the child, and the other parent's insurance will be secondary. When the parents are divorced, we will consider the parent/legal guardian who presents a child for care to be the responsible party for payment of services, regardless of financial responsibility established in a divorce decree. Further, care for a patient under 18 years of age must be authorized by a parent, legal guardian, or someone to whom you give written authorization to present the child for care.

**Acknowledgement and Authorization.** I have read, understand, and agree to the above policies. Regardless of any insurance I may have, I am ultimately responsible for payment for any professional services rendered. I authorize the release of medical information necessary to process a claim for benefits under my policy and assign payment of my insurance benefits to Fox Ophthalmology Associates, PLLC. If my account should become delinquent, I agree to pay the costs of collection, including legal fees and court costs.

Signature \_\_\_\_\_  
Patient, or Guarantor if patient is a minor

Date \_\_\_\_\_

Patient Name (printed) \_\_\_\_\_

Date of Birth \_\_\_\_\_