

Liberty Ophthalmology

Practices & Financial Policies

Welcome

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible care. Your clear understanding of our financial policy is important to our professional relationship. Please understand that payment of your bill is considered part of your overall treatment.

Insurance & Payment

Although we accept most medical insurance plans, it is your responsibility to check with us before your appointment and to call your insurer to verify that we are a plan provider. **As a medical specialist, we do not participate in vision plans.**

Fees are standardized and based on the complexity of your visit or procedure. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date that services are rendered. In order for us to file a claim, you must present a current copy of your insurance card and a photo ID (patient or guarantor) at each visit and communicate any changes in your personal contact information. Payment of copayments and any outstanding balance is required at the time of service. Accounts are payable upon your receipt of your statement of charges. We accept cash, personal checks and money orders, Discover Card, American Express, Visa, and MasterCard for payment.

Your insurance coverage is a contract between you, your employer, and the insurance company; we are not a party to that contract. We must emphasize that as healthcare providers, our relationship is with you, not with your insurance company. Before your visit, please contact your insurance company to verify the physician and the facility that you are scheduled with participates with your plan and that the services are covered.

Some insurance plans require referrals from a primary care physician before you can be seen by a specialist. It is your responsibility to obtain all necessary referrals, in writing, and to ensure that they are on file with our office prior to your appointment. If you are seen by our office without your necessary referral on file then all charges for that appointment become your responsibility as stated by your insurance company's explanation of benefits.

Services Not Covered

Not all services are a covered benefit in all plans so it is important that you understand the provisions of your individual policy. Some insurance companies arbitrarily select certain services they will not cover so we cannot guarantee payment of all claims by your insurance company. If your insurance company pays only a portion of your claim or rejects your claim, they will notify you through an explanation of benefits. Reduction or rejection of your claim by your insurance company does not relieve you of your financial obligation.

Refractive Screening Procedures

A refraction, or testing of your vision to determine your ability to see clearly at a distance and up close, is a service sometimes not covered by commercial insurance plans and is never covered by Medicare.

This test is often needed to determine your best potential vision and is also used to determine the effects a disease of the eye has on your ability to see. Refractions not covered by insurance are billable to the patient at a discounted rate.

Making & Keeping Appointments

If you need to cancel your appointment, please call at least 24 hours in advance. This allows us to accommodate other patients who need to be seen. **There is a \$35 cancellation fee for appointments missed or canceled within 24 hours.** Repeat offenses may result in dismissal from the practice.

Outstanding Balances

Accounts that are not paid after 90 days may be sent to an external collections agency and reported to the credit bureaus. If this occurs, you may also be dismissed from the practice. In addition to the outstanding balance, you may also be responsible for any fees or charges that we incur from the external collections agency while attempting to collect your balance.

Consent & Payment for Treatment of Minors

The parent who brings a minor child to the office shall be responsible for giving consent of treatment, authorizing payment for services, and payment for all fees incurred and owed at the time of service.

Administrative Fees

Forms Charge: If your employer requires Family Medical Leave Act or disability paperwork to be completed by your provider there is a \$30 fee, payable in advance. The paperwork will be completed within five business days.

Medical Records Charge: If a collaborating physician requests portions of your chart to assist in your care, there is no charge. If you would like a copy of your medical records sent to yourself or another physician, there is a \$30 charge.

Returned Check Charge: Any returned check, including but not limited to, Non-Sufficient Funds and closed account denials, are subject to a \$30 charge (in addition to fees from your bank.)