



Visionary Eye Doctors Patient Agreement, Office and Financial Policies

Thank you for choosing Visionary Eye Doctors. We are committed to providing you with the best Eye care possible. In order to accomplish this, we need your assistance in understanding our Practice policies.

1. Cancellations and Late Arrivals:

If you are unable to make your scheduled appointment, please let us know within 48 hours of your scheduled appointment so that we may offer that time to another patient. Failure to notify us at least 24 hours in advance may result in a \$35.00 missed appointment fee. Missed appointments are subject to a prepayment charge prior to rescheduling and cannot be filed to insurance.

If you are more than 30 minutes late to your scheduled appointment, we will make every effort to work you back into the doctor's schedule. However, we may have no choice but to reschedule your appointment. We thank you for your understanding.

Patient Initials _____

2. Insurance & Patient Responsibility for the Bill

With the ever changing healthcare industry, we want to make sure every patient is aware of our insurance and billing policies. The more you know, the better we can service your eye care needs. Visionary Eye Doctors contracts with or accepts most insurance plans.

All patients receiving services from Visionary Eye Doctors are financially responsible for the timely payment of all charges incurred. For those patients with insurances accepted by our doctors, Visionary Eye Doctors will submit the bill to the patient's insurance company first for payment.

Please note, it is your responsibility to pay any co-payment for your visit, deductible amount (The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself), co-insurance, or any other balance not paid by your insurance. Payment is due at the time of your exam. Do to the increasing costs of providing medical care, we require patients to pay their co-pay, deductible and all out of pocket expenses before leaving the office or unless other payment arrangements, such as a payment plan has been arranged in advance with our billing department.

Any and all outstanding balances must be paid at the time of check-in or you will need to reschedule your appointment. If a payment cannot be made prior to your exam, you may arrange a payment plan with our billing office. Failure to pay outstanding balances within 90 days may result in the practice forwarding your account to a Collection Agency of our choice and may result in additional fees for you to pay.

Patient Initials _____

3. Referrals

Some insurance plans, typically HMO plans, require a written referral from a primary care provider. Referrals must be presented at check-in before proceeding with the visit. Having a valid referral is a patient's responsibility. It is your responsibility to know how many visits are allowed on your referral and the expiration date of your referral. Without a valid referral, we cannot bill your insurance and you may be asked to reschedule your appointment, or payment for your visit will be due today.

Patient Initials _____

4. Non-Covered Services & Point of Service Collection

Payment for non-covered services, such as refractions or contact lens fittings, is due at the time services are rendered. We accept, cash, checks, and major credit cards for your convenience. Any outstanding balances are also due at the time of service. If you have a question about your outstanding balance, our Business Office will be more than happy to assist you.

If we suspect that your insurance company may not cover a service, we will ask that you sign a form in advance acknowledging that you have been advised the service may not be covered and that you will be financially responsible. This applies to services that we feel is needed in your treatment plan, but that your insurance company may deem non-covered. All other non-covered services will be billed to you in accordance with your specific insurance policy. All refractive surgery such as Cataract or LASIK, and elective procedures are paid 1 week prior to services being rendered.

Patient Initials _____

5. Refraction and Additional Fee

The refraction is part of your eye examination. The refraction helps the doctor determine if your vision has changed and the overall health of your eyes. If you are experiencing blurred vision or decreased visual acuity as measured by the eye chart, a refraction would help determine whether the difficulty is associated with a medical problem or a need for glasses, or a prescription lens change is needed. During the refraction, the doctor or technician offers you a series of lens choices until you reach the best corrected vision. Medicare and other forms of insurance do not consider a refraction to be part of a comprehensive eye exam. Medicare will not pay for this service. Your secondary coverage will not cover a refraction if Medicare does not. Since about 2007, Medicare has been enforcing the policy of requiring eye doctors to charge separately for refractions. As many private insurance carriers adopt the policies of Medicare, many of our contracts with private insurance carriers require us to collect the money from you as well. If refraction is a necessary part of your exam today, we will perform it and you be asked to pay a fee of \$67.00 today at check-out.

Patient Initials _____

6. Vision Insurance vs. Medical Insurance

The difference between Vision Insurance and Medical Insurance is one of the most confusing issues patients face when visiting an ophthalmologist or optometrist practice. When scheduling an appointment with Visionary Eye Doctors, you are usually coming in for one of two reasons: your annual routine visit or you are having a medical eye problem. Knowing which insurance to use at the time of your visit can be difficult so here is an outline to help you distinguish how this office differentiates between the two.

7. Vision Plans

Please inform us if you have a vision plan and the vision plan company name you are with before your exam. Vision plans are for routine visits where you do not have any medical issues, problems, or diagnoses. We participate with VSP, EyeMed, Davis Vision, March Vision, Avesis, Superior Vision and National Vision Administrators (NVA) Vision plans.

Most vision insurance plans include the following benefits:

- Annual eye exams
- Eyeglass frames
- Eyeglass lenses
- Contact lenses

If you are having a vision exam using your vision insurance, the doctor will determine if a dilation is needed at the time of the appointment. For some, dilation may cause light sensitivity and blurry vision. Not all vision plans cover dilation.

Additionally, many vision insurance plans do not cover contact lens fittings (for first time wearers or established wearers that need to switch to a new brand) or yearly contact lens evaluations (to make sure that the contacts you are wearing fit and allow your cornea to breathe.)

Check with your plan to see if your benefits cover you once every year or once every two years. Eyeglass frames and lenses and contact lenses can usually be purchased at a discount, but not every plan has this benefit.

8. Medical Insurance Plans

Your medical insurance is typically used if you have an eye problem or eye disease or if any medical condition is present that causes eye problems. Some common conditions for which we may bill your medical insurance include:

- Redness
- Eye floaters
- Allergies
- Dryness
- Infections
- Monitoring cataract development
- Examination of patients having diabetes
- Examination of patients using medications with potential eye side effects, such as steroid medications, arthritis medications, etc.
- Patients that are at high risk for glaucoma development
- Patients with macular degeneration

Unfortunately, due to policies of the insurance companies, you cannot use your vision and medical insurance for a joint exam on the same day. The only exception to this are those patients who have VSP Vision insurance. Below are two possible alternatives.

1. First, we can always schedule your medical and vision visits on separate days, or we may have to bring you back for a separate visit from your annual wellness exam to treat any medical concerns. You may have to go through some repetitive parts of the exam on those days because by law there are certain things the eye doctor must document at every visit.
2. If you need to schedule your medical and vision visits on the same day, another option is billing your medical insurance for the medical exam (don't forget, this may include a copayment at the time of your visit), and paying the additional flat rate for a refraction (\$67.00).

Please let us know what your primary concern is for your visit so we can help you maximize your benefits and obtain the correct insurance information.

Patient Initials _____

9. Pediatric Patients (If applicable)

A minor child needs an agreement signed by a parent or guardian. By signing the agreement, the parent or guardian assumes responsibility for information on behalf of the patient. We require a parent or guardian accompany a minor under the age of 18 to all appointments. Visionary Eye Doctors reserves the right to request identification of any adult accompanying a minor.

Parent or Guardian Initials _____

Authorization for use of Patient Contact Methods

We might be unable to contact patients directly during normal business hours. On these occasions, our office contacts patients and leaves messages through the communication devices provided by our patients. Due to the new federally mandated HIPAA Privacy Rule, we must obtain your authorization to continue this mode of communication. Protected Healthcare Information that we may possibly disclose on your home, work, cell phone, or email account includes, but is not limited to: test/lab results, prescription/pharmacy information, appointment instructions for visits and procedures, and surgical posting/scheduling information.

Please check ONE box below:

Yes, I agree to allow Visionary Ophthalmology , doing business as Visionary Eye Doctors, to leave messages that includes Protected Healthcare information on any of these communication devices: home phone, work phone, cell phone, and/or email account.

No, I do not agree to allow Visionary Ophthalmology, doing business as Visionary Eye Doctors, to leave messages that includes Protected Healthcare information on any of these communication devices: home phone, work phone, cell phone, and/or email.

Patient Initials _____

RESEARCH:

Our office will be conducting academic research to improve our medical techniques and to further contribute to the field ophthalmology. Information used in our clinic, such as photographs and videos, diagnoses, measurements, and other relevant information regarding your eyes and general health will be included in our research efforts. Your identity will always be protected. Complying with HIPAA regulations, any of your personal information will not be included in our research. If you choose not to participate your medical care will not be affected.

Please check ONE box below:

Yes, I hereby consent Visionary Ophthalmology, doing business as Visionary Eye Doctors, to include me in their research efforts.

No, I hereby DO NOT consent Visionary Ophthalmology, doing business as Visionary Eye Doctors, to include me in their research efforts.

Patient Initials _____

I have read and understood the patient agreement, office and financial policies of Visionary Eye Doctors as outlined above.

Patient/Responsible Party Signature

Date

Patient/Responsible Party Printed

Date