



new vision
optometry

PAYMENT POLICY FOR MEDICAL SERVICES

We thank you for choosing us for your medical needs and we are committed to the success of your treatment and care. We understand that medical insurances and their supplementaries may be difficult to understand, so we have compiled some of the most frequently asked questions we receive in our clinic in regards to insurance charges and coverages. Please take a moment to look these over to address your concerns in order to ensure your full understanding of the charges that may be incurred for the medical services provided to you.

What is an HMO and a PPO, and which do you accept at your office?

An HMO is an insurance plan that works with a network of participating providers. Patients with HMO insurances are required to see only participating providers of that plan. Any out of network visits or services will be collected as if the patient has no insurance coverage.

A PPO plan allows the patient to choose any provider they would like. Currently, we are only accepting patients with PPO health plans. If you are a patient with an HMO plan as your primary insurance, it is your responsibility to notify us of this and all charges that result in lack of information will be billed to you directly.

Which plans are you contracted with?

We are providers for the following PPO plans from:

- Adventist Health
- Anthem Blue Cross
- Blue Cross Blue Shield
- Cigna
- Healthscope
- Medicare
- United Health Care

How will my insurance be billed?

We will compile a list of the medical services you received. Each medical service will have a procedure code that will be interpreted by your insurance company. These codes will all be grouped under an invoice for the date of service. Accompanying these procedure codes will be diagnoses codes. The diagnoses codes are for reporting and authorization purposes only, and are not involved in the billing process.

What happens if my insurance denies the claim for my medical visit/services?

We strive to help our patients in the best way we can in dealing with their insurance companies and understanding their coverage. If claims are denied, we will do our best to find a way to bill the insurance company so that the claim will be paid by the company. However, if the issue is not resolvable on our end, we will forward all charges to patient responsibility, and you will have to contact your insurance company to manage the costs.

Are there services that are not covered by insurance?

We try our best to bill as many covered services as we can for our patients. There are, however, some services that insurance companies consider to be "elective." Unfortunately, what we as providers and patients consider "elective" is different from what insurance companies consider to be elective. As a result, we can only bill the services that insurances consider medically necessary. Some services offered at our office that are non-covered services are: Optomap imaging, Meibox photography, Miboflo and Blephex treatments, and some specialty contact lens fittings.

What if I will need to come back for follow up appointments? Will those be covered by my insurance?

All follow up appointments will be billed to your insurance separately. They are not included in initial consultations or examinations. They will be subject to all deductible amounts and copays per your insurance plan.

What will be my financial responsibility for the medical services I receive?

Your financial responsibility will depend on a variety of factors, detailed below:

If you have a...	You are responsible for...
<p>Deductible: an amount designated by your insurance plan that you must pay each year for eligible medical services <u>before</u> your insurance plan kicks in. This means your insurance <u>will not pay</u> for any services <u>until</u> you meet this yearly deductible. The deductible is a constantly fluctuating amount as you pay it off throughout the year.</p>	<p>Payment of the deductible amount that is reported to us by your insurance.</p> <p>Any discrepancy you have with the terms of your deductible must be handled through your insurance as we are not privy to the terms of your insurance coverage and deductible amounts.</p>
<p>Copay: a flat fee that is charged per medical visit/service. Usually, this fee is always in effect even if the deductible has not been met.</p>	<p>Payment of copay amounts for each visit/service. There may be more than one charge per service date if multiple services are performed in a single visit.</p> <p>Please note that we are not primary care providers and most insurances consider our services to be specialist visits.</p>
<p>Coinsurance: a percentage of costs that you will be charged <u>after</u> you meet your deductible. Some plans may have a policy with <u>both</u> a copay amount and a co-insurance amount. This is common for plans with lower monthly premiums.</p>	<p>Payment of any and all co-insurance amounts designated as your responsibility per your insurance company.</p>
<p>Out-of-network Charges: charges that are incurred when you visit a specialist or physician that is not "in-network" with your plan. This is common with HMO.</p>	<p>Please check if you have an HMO plan or PPO plan before you visit the office. It is your responsibility to report if your insurance coverage is a primary and secondary insurance to our staff. If services are rendered out of network due to a failure in accurate reporting from the patient, then all charges will be charged directly to the patient.</p>

Insurance coverage and terms are the patient's responsibility. We will work diligently to assist our patients to find out about their medical insurance plans and cost estimations, however, it is ultimately the patients' responsibility to contact their insurance companies about any discrepancies of charges and fees. Patients will be responsible for any charges incurred for any medical visit/service charges, deductibles, copayments, and coinsurance amounts designated by their insurance or by our office.

By signing below you are indicating that you have read and understand the information above.

Print Name _____ Signature _____ Date _____

Relationship to patient if signed by a personal representative: _____