

Ophthalmology NJ, LLC

Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is a necessary part of your treatment. The following is a statement of our Financial Policy.

Policy: This office participates as in network providers for a large number of insurance plans and the physicians accept Medicare assignment for all Medicare covered patients. Our practice is governed by Medicare regulations, which require that the 20% co insurance be charged to the patient. Other health plans require that the patient be responsible for any established co payment. We will submit all insurance claims on your behalf, but the patient is ultimately responsible for their bill.

Insurance Identification Cards and Verification: It is the patient's responsibility to know their exact insurance coverage and to present the correct insurance card at the time of their appointment. In the event you fail to notify us about any changes in your coverage you hereby agree to have those insurance claims and any incurred charges become your responsibility.

It is our policy to collect insurance co payments upon check in to our office. Medicare coinsurance amounts are determined following the office visit and are to be paid upon completion of your visit.

Referrals: It is the patient's responsibility to obtain the necessary referrals prior to the office visit. If your insurance requires a referral and you come in for an exam without the referral your visit will be rescheduled.

Refraction Fees: Refraction is that portion of an eye examination to determine the need for and the prescription for eyeglasses. Medicare and some other insurance companies do not cover the refraction fee. The refraction fee must be paid upon completion of your visit. If you have a Medigap policy the refraction fee may not be paid by that policy either.

Non-Covered Expenses: Contact lens examination and fitting fees are not most often not covered by your insurance and must be paid before contact lenses are dispensed. An evaluation of the proper fit and prescription of contact lenses for existing contact lens patients is also not covered by insurance.

Payment Methods: Fees may be paid by cash, check, debit card or credit card. Any outstanding balances will be collected at the time of your examination. If you have financial difficulty a payment plan can be established with our billing department on an individual basis.

“I have read, understand and agree to the provisions of this Financial Policy.”

Signed: _____ patient or responsible party **Date:** _____