



Financial Policy

We are dedicated to providing the best possible care and service, and regard the understanding of our financial policies as an essential element of care and treatment. To assist, we present the following financial policy. If you have any questions, please do not hesitate to discuss them with any member of our staff.

INSURANCE COVERAGE

It is your responsibility to provide our office with accurate information for billing your health plan properly at the time of service. It is also your responsibility to know whether your visit with us is covered by your health plan fully, partially or not at all, and whether your plan requires a referral from your primary physician before your visit. **For example, you may be covered under your primary healthcare plan for additional vision care services under a different carrier. It is your responsibility to know whether you have this separate coverage.** If at the time of service you only notify us of your primary healthcare plan and later make us aware of additional coverage under another vision plan, you will be responsible for any and all charges. We will gladly provide you with an itemized statement to submit to your insurance company for re-imbusement. Information of this type is 100% accurate only if you obtain it directly from your health plan; not from our office staff. **In the event you do not confirm this information and the insurer refuses full or partial payment, you will be held personally responsible for the cost of the services provided.** _____

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ROUTINE AND MEDICAL EYE EXAMS

Our office participates with certain vision plans for “routine eye exams.” A routine eye exam is, by definition, a “regular check-up” for someone with **no eye problems.** If the doctor detects any medical condition, (dry eyes, floaters etc.) the examination becomes a medical eye examination and will be submitted to your medical insurance. If your insurance plan requires a referral, you will need to obtain one for the medical eye examination. Due to insurance company regulations, routine and medical exams may not be performed on the same day. If you desire only the routine portion of the examination on your visit, the doctor may ask you to return another day for a medical eye examination. **Please note that some insurance plans consider a routine eye exam to be a non-covered service.**

Vision Plan Patients: I have read and understand the above routine eye care policy. _____

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SPECTACLE AND CONTACT LENS EXAMS

Examinations for spectacles and contact lenses are separate exams. If you desire both exams on your visit, you may be charged a fee for a contact lens evaluation. We will be happy to submit this charge to your insurance company or vision plan. However, if this charge is determined to be a “non-covered” service, you will be responsible for this charge. If your vision plan offers a contact lens materials benefit, the cost of the exam may be deducted from this benefit. _____

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AMOUNTS DUE FROM THE PATIENT

We gladly accept cash, personal checks and most major credit cards. **Insurance co-payments will be collected at the time of service.** If we do not participate with your insurance plan, you are to provide payment in full at the time of service. We shall provide you with a statement of services and a receipt for amounts paid which you may submit to your insurer. The insurer is then responsible for reimbursing you. _____

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AMOUNTS DETERMINED “NOT COVERED”

In the event a health plan determines a service of ours to be “not covered,” you will then be responsible for the complete charge. An important example of this is our charge for checking eyes for changes in eye glasses prescription and/or contact lens prescription (a procedure called refraction). We charge for this service, and many insurers, including Medicare, deem this service “not covered.” **If we check your eyes for a change in glasses, you may be personally responsible for this charge. If you do not desire a refraction, please inform our office staff.** Please note that some insurance plans consider a routine eye exam to be a non-covered service. _____

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MISSED APPOINTMENTS

We strive to be available to those who need our services as quickly as possible. Missed appointments limit our availability to patients. **Patients who cancel appointments with less than 24 hours notice may be subject to a \$25 cancellation fee.** Those patients who repeatedly miss appointments without 24 hours notice may be asked to make other arrangements for their eye care. _____

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I have read and understand the financial policies of Short Hills Ophthalmology and also understand that Short Hills Ophthalmology reserves the right to change any and all fees at any time.

Signature of Patient (or Responsible Party if a Minor)

Date