

# M. HANIF PERACHA, M.D., P.C. (dba EYE SURGEONS ASSOCIATES)

## FINANCIAL POLICY

Thank you for choosing Eye Surgeons Associates for your eye health. Our primary mission is to deliver the best and most comprehensive care available. It is customary to pay for professional services when rendered. It is each patient's responsibility to provide our office with a current address, telephone number and insurance information (cards) at every visit. We **will not re-bill** any balance that has accumulated due to wrong or outdated information being in our billing system. Patients may be billed the full amount if claims are denied due to coverage issues. We cannot "CHANGE" our billing once the claim has been submitted. If wrong information has been provided, patients may be liable for outstanding balances due to amounts being applied to deductibles, co-insurance, or denial of claim.

### **COPAYS, CO INSURANCE AND DEDUCTIBLES:**

In accordance with our contract with your insurance company, we are responsible for collecting any known co-pays, co-insurance and/or deductibles at the time of service. We will collect your co-pay at the time of check-in for your appointment.

***If you have a high deductible plan, we may ask for a down payment for services when you check-in.*** We will require a 50% deposit for any major procedures prior to these being performed. We accept cash, check, debit and most major credit cards. We also offer CareCredit which is the preferred healthcare credit card that provides special financing and payment options for medical expenses.

### **PRIVATE PAY:**

We offer two payment options for our Private Pay patients:

1. Payment in full at the time of service, for which there is a 25% discount.
2. Half paid at the time of service, and the balance paid within 3 months. No discount applies.

### **MEDICARE:**

We are a Medicare participating practice. We will bill Medicare and any secondary coverage. As a Medicare beneficiary, you will be responsible for the annual deductible, 20% co-pay and non-covered routine services which may or may not be covered by any secondary/supplemental coverage you may have. Remaining balances are billed to the patient and are the patients' responsibility. We may ask for the 20% copay at time of check in for some services. Please know your policy's deductible and/or co-pay limits.

### **COMMERCIAL / PRIVATE INSURANCE:**

We bill all primary and secondary insurances. Remaining balances, co-insurance balance, deductibles, or non-covered services are the patients' responsibility. Please know your policy's deductible and/or co-pay limits. If you have a tertiary insurance, we will provide you will a claim form that you can personally submit for any reimbursement they may cover.

### **INSURANCE REFERRALS:**

If your insurance company requires that you obtain a referral or prior authorization from your primary care physician (PCP/family doctor), **please request the referral prior to your visit.** You will need to have the referral at the time you arrive for your appointment. Otherwise, we may ask you to reschedule your appointment.

### **MINORS ACCOMPANIED BY AN ADULT:**

Minors must be accompanied by a parent or legal guardian or have a written consent to treat by the parent/legal guardian to be seen. The adult accompanying a minor **is** responsible for payment of any co-pay upon presenting for the visit.

### **MEDICAL vs VISION INSURANCE:**

Our office is a medical practice and will be providing you with a very comprehensive, medical eye exam. Our physicians check things like muscle balance, signs of cataracts, glaucoma, macular degeneration and systemic illnesses. The scope of the exam varies and will allow for your specific problems, age, & personal and family

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history. Most complete exams include dilation of the pupils with eye drops. If you are being evaluated for any known or suspected medical condition (diabetes, cataracts, corneal disorders, double vision, etc.), you are being provided with medical care. Vision insurance is intended to provide you with a baseline eye evaluation. Therefore, we will bill your medical insurance for visits related to any new or previously diagnosed medical condition(s).

#### **REFRACTIONS:**

When you have your vision tested (refraction) during the same visit as a medical exam, the refraction is a separate charge and is usually not covered by Medicare and many other medical plans. Per Federal Guidelines we cannot waive this fee for our patients. This is often an out-of-pocket expense for patients. If we know your plan doesn't cover refractions, we will collect a discounted fee from you at the time of your visit.

#### **ADDITIONAL TESTING:**

A routine eye exam does not include additional services/testing such as a visual field, pachymetry, fundus photos, ultrasound, external photos, etc. If the physician recommends these services, we will bill additional charges to your medical insurance and depending upon your policy you may have additional out of pocket costs.

#### **CONTACT LENS EVALUATIONS:**

We charge an additional fee because contact lens patients require additional tests and monitoring over and above what is done during a regular eye exam. Contact lenses are medical devices and even though they may feel fine, there are health risks that must be monitored and taken seriously. During a contact lens evaluation, we will determine your contact lens prescription, measure the shape and power of your cornea, assess the fit of the contact lens on your eye, and exam your eyes to check their health from contact lens wear. Contact lens evaluations are done annually.

#### **WHAT YOU SHOULD KNOW:**

We work with hundreds of different insurance carriers, many with more than one plan and with conflicting rules. We strive to help you get the coverage to which you are entitled. However, you need to do your part to understand what is and what is not covered by your plan. Remember it is your responsibility to be aware of possible deductibles, co-insurance, co-pays and pre-authorization requirements that are part of your plan.

#### **FEES & BALANCES:**

Any fees or balances quoted are approximates and vary due to unknown circumstances such as remaining deductibles on your insurance plan. Non-covered/unpaid balances are due upon receipt of the statement or at the time you present for a scheduled appointment. We reserve the right to charge a processing fee if a patient fails to pay their balance by the due date on their statement or on the day of s/he presents for an appointment.

#### **PAST DUE / BAD DEBT ACCOUNTS**

Any patient with a Past Due Account may be denied a future appointment until the balance is paid in full or an agreeable payment arrangement has been made. We ***will not schedule*** any type of appointment if your account has been turned over to our collection agency or has had a bad debt write off until all bad debt amounts have been paid in full.

#### **CANCELLATION/NO SHOW POLICY:**

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to accommodate you for a visit, due to a seemingly "full" appointment book.

***If an appointment is not cancelled at least 24 hours in advance you will be charged a NO SHOW fee; this fee will not be covered by your insurance company and you will be responsible for the balance.***