

Financial Policy/Consent To Treat

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 members of our team.

INSURANCE COVERAGE

It is our responsibility to provide our office with accurate information for billing your insurance plan properly at the time of service. It is also your responsibility to know whether your visit with us is covered by your insurance plan fully, partially, or not at all and whether your plan requires a referral from your primary care 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 plan, you will be responsible for any and all charges. We will gladly provide you with an itemized receipt to submit to your insurance for reimbursement. 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.**

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 exam may become a medical eye exam and will be submitted to your medical insurance. If your insurance plan requires a referral, you will need to obtain one for the exam. 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 exam on your visit, the doctor may ask you to return another day for a medical eye exam. **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.

SPECTACLE AND CONTACT LENS EXAMS

Exams for spectacles and contacts are separate exams. If you desire both exams on your visit, you will be charged an evaluation fee for a contact lens exam. We will be happy to submit this charge to your insurance company; however, if the charge is determined to be a "non-covered" service, you will be responsible for this charge. If your vision plan offers a contact lens material benefit, the cost of the exam will be deducted from this benefit.

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 will provide you with an itemized statement of services and amounts paid which you may submit to your insurance. The insurance is then responsible for reimbursing you. If using insurance, we will make every effort to collect full and accurate fees specific to your plan however, if there is a fee that your insurance charges and we did not collect at the time the order was placed, it must be paid in full before glasses and/or contacts will be dispensed.

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 change in eyeglasses prescriptions and/or contact lens prescriptions (a procedure called refraction). We charge for this service and many insurances, 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.**

GOOD FAITH ESTIMATES

Under the law, if you do not have medical insurance or choose to not utilize your medical insurance for specific episodes of care provided, you have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like office visits, medical tests and medical equipment.
- Your Good Faith Estimate must be made in writing at least 1 business day before your medical service or item. In the event the care is emergent or testing recommended during an office visit, you GFE will be provided at the time your additional services are offered.
- You can ask your health care provider for a Good Faith Estimate before you schedule an item or service although this will just be an estimate as the exact care you need cannot be determined until your doctor evaluates you.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate, visit www.cms.gov/nosurprises

CONSENT TO TREAT

I hereby authorize The Vision Source-Kingwood P.A., it's doctors and employees, to provide and diagnose optometric treatment to my child or me, including but not limited to, examinations, diagnostic tests, fitting of contact lenses and other medical procedures, which is deemed necessary in the course of my care. I further authorize the release of Protected Health information to additional physicians or optometrists in order to facilitate continuity of care. I have read and understood the above information & am signing this form voluntarily.