

# Paragon Ophthalmology

## FINANCIAL POLICY

We are committed to providing you with the best possible medical care. The following information is provided to avoid any misunderstanding or disagreement concerning payment for our professional services.

- Our office contracts with a variety of medical insurance plans. If you are a member of one of those plans, our billing department will submit a claim for our services directly to that carrier.

### **It is your responsibility to:**

- Provide all current insurance information and present your insurance cards at each visit.
  - Pay your full co-pay at each visit
  - Pay any balance not covered by your plan including any deductibles, co-pays, and non covered services.
  - Know your own insurance benefits.
- If you have medical insurance for which we are not a contracted provider, we will bill the medical insurance as a courtesy. Payment in full is expected at the time of service. (we neither bill nor participate with **any vision\*** insurance plans-such as VSP or Eye Med)

**\*Please note there is a difference between a medical service and a routine vision service based upon the intent of the exam. When a patient comes to our office with a complaint of signs/symptoms of an eye disease, injury or a known medical condition, this constitutes a medical visit. If there is no specific medical complaint it is considered a vision exam and medical insurers will typically NOT cover such a visit.**

- Any patient balance for any covered or non-covered service that is 30 days old will be considered due and it is the patient's responsibility to pay. Any patient balance that is past 30 days will be considered **past due**. Two statements will be sent at 30 and 60 days. Any patient with outstanding balances over 60 days will be sent notification that their account is delinquent and may be turned over to a collection agency if not paid within 10 days of receipt of that letter. **In the event the account is placed with an agency for collection purposes, the patient will be responsible for additional collection agency fees, court costs, filing fees and attorney fees should this be required.**
- All overpayments applied on the patient's account will be returned to the proper entity on a regular basis in the form of a refund check.
- Authorizations: It is your responsibility to ensure that any required **prior** authorizations for treatment is provided to the practice prior to the visit. If you do not have the prior authorization, your visit may be rescheduled, or you may be financially responsible.

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- If the patient is a minor (17 years or younger), the parent, guardian or unaccompanied minor is responsible for any payment due at the time of service. Bring the necessary authorization to treat and insurance card(s).
- Some services provided may not be a covered service by your insurance plan. It is your responsibility to pay any balance not covered.
- If you have any questions about your insurance coverage or limits, please direct those to the member service department at **your** insurance company. The number is usually on your insurance card. For other questions or concerns about your account with us, please call us at 269-343-1684.
- A charge of \$25.00 will be assessed for all returned checks.
- A charge of \$25.00 may be assessed for any appointment that is not cancelled in advance.

We strongly believe that a good physician/patient relationship is based upon understanding and good communication. For other questions about your account or to make financial arrangements please call our office at 269-343-1684.

Date received & reviewed: \_\_\_\_\_ Patient/Guardian Signature: \_\_\_\_\_

Patient Name (Print): \_\_\_\_\_