



**OPHTHALMIC
CONSULTANTS**
of the Capital Region

2016 Financial Policy

Ophthalmic Consultants of the Capital Region participates in a wide array of insurance plans for the convenience of our patients; however, we may not participate with your plan and some plans that we do participate with have rules and responsibilities that you need to be aware of. Insurance contracts typically do not cover all medical costs. Some pay fixed allowances for each procedure and office visit while others pay only a percentage of the cost. Surgical procedures and other outpatient procedures may have a higher co-payment or be subject to a deductible.

- If you have a participating insurance carrier listed below, our practice will charge your insurance carrier and any patient responsible balance including, **co-payments, co-insurance and deductible amounts are due at the time of check in to our office**. Should you not be able to pay for any reason, you may be asked to reschedule your appointment, or mail a check within 24 hours of your appointment to our billing office in a self-addressed, stamped envelope provided to you. **A \$15 billing fee** will be billed to your account for lack of payment at the time of service. In addition, the \$15 billing fee will be applied to any unpaid balance each month.
- Proof of insurance participation is required at each appointment to insure accuracy of billing information. If you do not have proof of insurance, you will have to **sign a waiver** that makes you the responsible party for billing purposes until such proof is provided to our office.
- If you have a non-participating insurance carrier (not listed below), this practice will file one claim with your insurance carrier as a courtesy to you. However, the patient or responsible party is ultimately responsible for the charges not covered by your contract with the carrier. If the insurance claim is rejected or denied, you will be responsible for payment to the practice since we do not participate with your insurance carrier. Payment is **due upon receipt** of our billing statement for a claim rejection or denial.
- If your insurance carrier requires a referral for services, **you are required to bring the referral to the office at the time of your appointment** or you will be asked to sign a waiver. You will be required to pay a **\$200 deposit at check-in** to see a general doctor and \$300 to see a specialist and then pay the balance at check-out. This fee will be refunded to you upon receipt of the referral less any patient responsible balance for the appointment.
- If you do not have insurance and are **self pay**, you are required to pay a **\$200 deposit at check-in** to see a general doctor or **\$300 to see a specialist** and then pay the balance at check-out.
- If you have a **high deductible plan** you will be asked to pay a minimum fee today based on the services you have received at this visit. This will include amounts toward an office visit, testing, any procedures or other services the doctor deems necessary to complete your visit today. The balance of your deductible will be due when your statement arrives via mail.
- If your account becomes past due, you will be referred to a collection agency and may be discharged from our practice for non-payment of services.
- Refractions are required by most insurances as part of a complete medical exam however, most are not paid by insurance companies. Following is a list of insurances that do **not** cover the refraction fee however, there may be others: Medicare, Tricare, Cigna, The Empire Plan, Fidelis Medicare, GHI/Emblem health-EPO/PPO, Maskin Mgmt GHI and United Healthcare. The fee for this is \$40 dollars and may be subject to change. You will be asked to pay this at check-out if this service is provided for you. There may be other insurances that do not cover the refraction fee based on your policy. You may be billed for this at a later date. Refractions are also

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done as part of a routine vision exam to provide you with an eyeglass prescription and the same collection policy detailed above applies.

- Any patients with **THE EMPIRE PLAN: Your insurance** can charge up to **2** copays per day if you have a combination of office visits, test and or procedures. Please be aware that you will asked for a second copay at the time of check out.

Our practice accepts cash, check, money order and credit cards for your convenience. If your check should be returned for non-sufficient funds there is a \$25 fee. If you have any questions regarding our financial policy or need to request alternative payment arrangements, please ask to speak with our billing office representative at the time of service.

Participating Insurance Carriers:

<i>Medicare</i>	<i>Medicaid</i>	<i>GHI</i>	<i>The Empire Plan</i>
<i>Capital District Physicians Health Plan (CDPHP)</i>	<i>Wellcare VSP*</i>		<i>United Health Care</i>
<i>MVP</i>	<i>Cigna</i>	<i>Eyemed *</i>	<i>American Progressive</i>
<i>Empire Blue Cross</i>	<i>Univera</i>	<i>Humana</i>	<i>Aetna</i>
<i>Blue Shield of NENY</i>	<i>Fidelis</i>	<i>Tricare</i>	<i>Multiplan/PHCS</i>
<i>Davis Vision*</i>			

Davis Vision, VSP or Eyemed Guidelines - A **routine exam vs. **medical eye exam** is determined by the reason for your visit, as well as, your diagnosis. Some insurance plans have a separate rider policy to cover **routine exams** and may limit your coverage to a specified time period like once a year or once every other year. A vision plan is a separate insurance plan that will cover some or part of the **routine eye exams** for vision correction. Your medical insurance will most likely cover a future **medical eye exam** for eye health problems which may be discovered during your **routine eye exam**. It is your responsibility to study your medical insurance policies, vision riders or vision plan and understand what coverage you qualify for prior to your visit.*

We cannot alter the type of exam after the exam is initiated in our office.

Patient Signature

Date



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