

Billing Policies

The best medical care can be provided only on the basis of mutual understanding. We encourage you to discuss any questions you may have regarding our policies with our billing staff.

Eye Exam

Our fee for a comprehensive eye exam is \$220.00 (which includes the \$35.00 refraction fee). Determination of an eyeglass prescription, which is called a *refraction*, is not inclusive in any other exam or surgical service. Payment for non-covered services will be collected at the time of service.

Medical Services

We require that all patients pay at the time of their visit. Services covered by an insurance company with which we have an agreement will be submitted.

Eye Wear

Payment in full is expected at the time of delivery for all contact lenses, contact lens supplies and for glasses and optical accessories.

Payment

For your convenience, we accept cash, check, Visa, MasterCard and Discover.

Billing

If billing is necessary, a statement will be mailed to you. Payment is due upon receipt. Please see our Financial Policy for further details.

Medical Insurance

We participate with a variety of insurance plans and will directly bill your insurance under these plans. Payment for co-payments (usually indicated on the identification card) are payable on the day of your visit. Co-payments apply to exam services only. Other fees such as in-office surgery or diagnostic testing may result in additional deductible and out-of-pocket co-insurance balances due after insurance processing. Some of our services may not be considered as medically necessary by your insurance such as: optical goods, contact lenses and contact lens services, and routine eye examinations. In this case, you are responsible for payment of these services when they are provided. ***Please bring all health insurance information with you. We will need to copy any insurance cards for our records. If you do not present an insurance ID card, full payment for service is due on the day of your visit.***

Vision Insurance

You may have benefits available to you on a separate vision insurance plan. We only participate with a few plans for vision benefits. For participating plans, we will estimate your out-of-pocket expense for services which need to be paid at the time of service and we will file your claim for the insurance portion of the charges. For non-participating plans, we require full payment at the time of service and we will provide you with the required receipts to submit for your reimbursement.

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Medicare

We are a participating provider under Medicare. This means we accept the fees set by Medicare for medical services covered by the Medicare program, including surgery. Medicare patients will be responsible only for co-insurance, deductibles, and non-covered services, such as refractions and routine eye exams. We also participate in the Medicaid program(s) for Colorado, as does our optical shop.

Prior Authorizations

Some health maintenance organization (HMO) plans require you to obtain authorization for services from your primary care provider (PCP) (internist, family practitioner, pediatrician, etc.). It is your responsibility to obtain authorization from your primary care provider. This is required by your insurance before you visit our office, even when the visit is for an urgent problem. Lack of referral may cause an unnecessary delay in treatment or extra out-of-pocket expenses from you. Contact your insurer if you have questions, or contact the office of your primary care provider.

Workers Compensation

We will file your claim with Workers Comp when we receive the following information: injury date and circumstances; insurance company name, address, and claim number; and referral authorization to treat if required. It is the employees' responsibility to notify their employer of on-the-job injuries and to ensure that their employer reports the injury to the workers compensation insurance carrier.

Auto Accident Personal Injury (PIP)

We will file your claims for services that are attributable to auto accident claims with the following information requirements: accident date, accident location, insurance company name, and policy and claim numbers. Services that are not a direct result of the auto accident are the patient's responsibility.

Insurance Counseling

Prior to any surgical procedure or exam which may entail greater expense, our office will provide insurance coverage information and estimate what, if any, balance may remain once insurance has paid. If special financial circumstances warrant an extended payment plan, our staff will be glad to help you.

Refraction Policy

A refraction is a measurement of the lens power necessary to prescribe glasses or other corrective lenses. **Most medical insurance plans, including Medicare, do not cover routine refractions or routine eye examinations** (when no medical eye problem is known or suspected). Refraction service is NOT inclusive in any eye exam or surgical service. Payment is expected at the time of service.

If you have a separate **vision plan** that covers routine or annual eye examinations and/or glasses, it is imperative that you let us know. Your vision plan may assist you with your eye care needs that are not covered by your medical plan.

If you have any questions regarding Medicare and Insurance policies and procedures, please do not hesitate to ask. We will do our best to assist you.