



FINANCIAL POLICY

- **PATIENTS WITH INSURANCE** should understand that Heaton Eye Associates is absolutely committed to providing you with the highest level of service and quality care. As such, our primary relationship is with you and not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, all charges are your final responsibility regardless of your insurance coverage.
 - **PROOF OF INSURANCE COVERAGE IS REQUIRED AT EACH VISIT.** Bring your current insurance card(s) to each visit. If you are not able to provide proof of your insurance coverage at the time of your appointment, we may have to reschedule your appointment or you may choose to make a \$150 deposit toward your visit prior to seeing the doctor and we will refund/bill you once your insurance has paid for your visit. It is your responsibility to provide our office with accurate insurance information, and to notify us of any changes in your health insurance coverage. Also, please tell us of any address and/or telephone number(s) changes. Although we participate in most insurance plans, we expect our patients to know/verify the coverage of their personal insurance plan. We offer a 20% discount to patients who wish to pay in full with cash, check or credit card (excluding LASIK, Premium Lens and Cosmetic Procedures).
 - **SOME INSURANCE COMPANIES (i.e. Medicare Advantage Plans, Blue Cross 38000) REQUIRE PRIOR AUTHORIZATION AND/OR A REFERRAL** from a primary care physician for ophthalmology visits. You must obtain this BEFORE your visit. We regret that, in most situations, we cannot obtain these authorizations/referrals for you. If you need an authorization/referral but have not obtained one by your appointment, we may need to reschedule your appointment or you may choose to make a \$150 deposit toward your visit prior to seeing the doctor and we will refund/bill you once your insurance has paid for your visit. Medicaid requires a pre-authorization.
 - **CO-PAYMENTS, COINSURANCE, DEDUCTIBLES and NON-COVERED CHARGES** are part of your contract with your insurance company. Payment will be expected at time of service, as required by your insurance company. We will accept cash, personal checks, MasterCard, VISA, DISCOVER and AMERICAN EXPRESS. If you arrive in the office unprepared to pay these required sums, we will need to reschedule your appointment.
 - **WE FILE INSURANCE CLAIMS** for you with Medicare, Medicaid, and insurance carriers with whom we participate. We will also make every effort to file with your second and third carriers for you. After your insurance company has processed your claim, any remaining amount owed by you is due within thirty (30) days. If your insurance company does not respond to our claims, we may ask for your assistance before transferring the financial responsibility to you.
 - **WE PARTICIPATE IN LIMITED VISION PLANS** If you have questions, talk to one of our insurance representatives.
 - **CHARGES FOR A PATIENT VISIT** can vary greatly based on your medical history, the reason for your visit, and any special testing requested by your doctor.
 - **TREATMENT FOR A WORK RELATED INJURY (WORKERS' COMPENSATION)** must have prior authorization from your employer and a copy of the Report of First Injury from the insurance company providing your employer's Workers' Comp coverage.
 - **A REFRACTION** is a test to measure your best possible vision. A refraction is a required test for a complete exam and must be performed before any treatment/prescription can be initiated for your vision improvement. Medicare, Medicare Advantage Plans, QMB Medicaid, and most commercial insurance companies consider a refraction a necessary but non-covered charge. If your exam includes a refraction, our refraction fee will be collected at the time of your visit.
 - **FINANCING** is available to qualified patients through Care Credit for exams/procedures. If you require financing, please request a representative to explain your financing options and the application process prior to your appointment.
 - **CREDITS** In the event that your HEA account has a credit **and** a balance owed to Heaton Laser and Surgery Center, we reserve the right to transfer HEA credits to the outstanding HL&SC balances prior to issuing a refund.
- ADDITIONAL FINANCIAL POLICIES** include:
- a \$30.00 charge for NSF checks
 - a \$25.00 charge for a copy of your medical records (for personal copies only)
- I, _____
(Printed Name of Patient or Guarantor), have read the above FINANCIAL POLICY in full. I understand and agree to comply with the FINANCIAL POLICIES of Heaton Eye Associates. I authorize Heaton Eye Associates to release any medical information needed for insurance claims submission. I understand that I am financially responsible for charges not covered by insurance.
- _____
Signature
- _____
Date