

Wendorff Eye Care Practice Policies based upon 2018 Insurance Changes

This will affect everyone, please read carefully. We are bound by our contracts with Vision plans and Medical plans per coordination of benefits to abide by these policies. There will be no exceptions.

ROUTINE VISION EXAM VS MEDICAL EXAM

Routine Eye Exam: A routine eye exam takes place when you come for an eye examination without any medical eye complaints (Need new glasses or contacts, annual exam, for example), and there are no symptoms except for visual changes that can be corrected by eyeglasses or contact lenses. The doctor finds no evidence of disease or medical problems during the exam. If the doctor does find evidence of disease or medical problems, then you will be informed of the condition, the need for diagnostic testing and/or treatment anticipated and a medical eye care follow up will be scheduled. **Your vision plan provides no benefit for medical and/or surgical treatment.** Routine eye exams are billed to your vision care plan (EyeMed, for example) or to your medical insurance provider if you have routine vision coverage as part of your insurance plan.

Medical Eye Exam: A medical eye exam takes place when you are being evaluated or treated for a medical condition or present with a symptom(s) that indicates a potential medical problem. **Exams that are being conducted for medical reasons are not covered by routine vision plans and will be filed to your medical insurance. Insurance co-pays and deductibles will apply.** Some examples that necessitate your visit being submitted to your medical insurance include but not limited to, dry eyes, allergies, red eyes, diabetes mellitus, floaters and/or flashes, glaucoma, cataracts, and macular degeneration.

REFRACTION FEE

A refraction is the test that is performed to determine your eyeglass prescription. It is usually done on a yearly basis as part of the comprehensive exam and typically involves questioning along the lines of, "Which is better, 1 or 2?" It is an essential part of an eye examination and necessary to evaluate your eye health. It is typically done once a year, regardless of whether new glasses or contacts are prescribed. Refractions are always covered by vision plans (such as VSP, EyeMed) as part of a routine eye exam, but are often not covered by insurance plans for office visits that are medical in nature. Medicare considers a refraction to be routine vision care and, therefore, does not cover it under any circumstances. The fee for refraction will be due at time of service.

NO SHOW POLICY

If you are unable to keep your scheduled appointment, please call our office before your appointment time to notify us. This allows us to offer that time to another patient. If you fail to show up for your appointment and do not notify us, you are considered a "No Show". There is a \$35.00 charge/appointment for a "No Show, No Call".

BILLING/COLLECTIONS POLICY

Payment for all services is due at the time services are rendered. If, however, arrangements have been made to accept your insurance as payment, we will bill your insurance company directly. In the event the insurance company does not pay, the patient is held solely responsible for the bill. Although we are more than happy to file an insurance claim on your behalf and answer any questions about a specific claim, coverage and payment issues can only be addressed by your employer or group plan administrator. We cannot act as a mediator with the carrier or your employer. It is your responsibility to know your benefits, copays and out of pocket costs. If you have questions, call the number on the back of your Insurance Card.

Accounts that are 30 days past due will be assessed a \$15.00 Late Fee. Accounts that are over 60 days past due will be assessed a \$35.00 Late Fee. Any account over 90 Days will be assessed a \$50.00 fee and be turned over to our collection agency, Kinum, where the balance will be subject to additional fees. If you are unable to pay your balance, please contact our office to work out a payment plan.

I have read these policies and understand.

Signed _____

Date _____