

Bucks-Mont Eye Associates, P.C.

FINANCIAL POLICY

(updated 7/18/2016)

Welcome and thank you for choosing BMEA for your eye care. We are committed to providing you with the highest quality eye care possible in a cost effective manner. We are pleased to discuss with you any questions you may have concerning your bill.

- **PAYMENT:** Payment is due when services are rendered. As a courtesy to our patients we accept cash, personal checks, money order, Visa, Mastercard and Discover. If insurance is being filed, you will be responsible for paying any co-pay, co-insurance or deductible amounts at the time of service. If you are unable to pay these amounts at the time of service, we are willing to bill you for the amount due with a \$20.00 billing fee, or your appointment can be rescheduled.
- **INSURANCE CARDS:** Please make sure the insurance cards presented are current and accurate. We cannot be responsible if the wrong information is presented to us. You are ultimately responsible for providing the correct information.
- **REFERRALS:** Some insurance plans require a referral for services by a specialist. If your insurance plan requires a referral, it is your responsibility to obtain the referral prior to your visit. If you do not obtain a referral prior to your visit, we may ask you to sign a waiver that you are responsible for payment for this visit if a referral is not obtained. Alternatively, your appointment can be rescheduled.
- **PARTICIPATING INSURANCE PLANS:** If BMEA doctors do not participate in your insurance plan, you will be responsible for filing your own claims and paying in full at the time service is rendered.
- **NON-COVERED SERVICES/DENIED CHARGES:** Certain services may be considered non-covered services or may be denied as investigational, experimental, or not medically necessary by your insurance carrier. If your doctor feels these services are needed and they are performed, you are obligated to pay for these services in full should your insurance carrier deny payment.
- **MEDICAL PLANS WITH VISION BENEFITS:** Please be advised that some medical plans do have routine vision benefits. However, sometimes these vision benefits are with a different carrier. BMEA may participate with your medical plan but not your vision plan. Please contact your carrier to verify your benefits and whether BMEA is a provider for both your medical and vision plan. Please present all insurance cards at check-in.
- **VISION PLANS:** BMEA participates in a very limited number of vision plans. BMEA cannot file claims to both a vision plan and a medical plan for the same visit. Your diagnosis will determine if your exam is to be considered a Routine eye exam or a Medical eye exam. If your exam is determined to be a routine eye exam and BMEA does not participate in your vision plan, you will be responsible for paying in full at the time of service
- **REFRACTIONS:** A refraction is the process of determining if there is a need for corrective eyeglasses. It is an essential part of an eye examination and necessary in order to write a prescription for glasses. Medicare and most medical insurance carriers do not cover the fee for refractions. You are responsible for the refraction fee and it is payable at the time of service. We can, at your request, file your refraction charge with your insurance plan. If your insurance policy pays this refraction fee, we will issue a refund to you for the refraction charge. Medicare replacement plans (e.g. Humana, United Healthcare) do not cover refractions through their medical plan.
- **MEDICAID & KEYSTONE MERCY:** BMEA participates in these programs only for medical eye exams. BMEA does not participate in the routine vision portion of these plans. Patients over the age of 21 who have traditional Medicaid coverage, are allotted a number of office visits annually. If you have traditional Medicaid coverage and exceed your number of visits annually, you will be responsible for all charges. The Medicaid fiscal year is July 1st – June 30th.

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- **RETURNED CHECKS & PAST DUE AMOUNTS:** Returned checks will be subject to a **\$25.00** insufficient funds charge. All accounts are considered past due if not paid within 30 days of service. However, any outstanding balance after 90 days of the date of service may be referred to an outside collection agency for assistance with collecting the debt. Accounts referred to an outside collection agency may be subject to a collection fee of **33%**, which will be added to the total balance due at the time of write-off
- **SURGERY CHARGES:** BMEA will make every effort to determine your insurance benefits prior to your scheduled surgery. BMEA will notify you of the amount you will be responsible for paying prior to your scheduled surgery. Please keep in mind that this is just an estimate. You may incur additional charges (in addition to the surgeon's fees) from the surgery facility, anesthesiologist, laboratory and/or radiologist.
- **MEDICAL RECORDS RELEASE:** After written authorization is received, your medical record may be released. BMEA follows the Pennsylvania guidelines for charges applied for the release of these records.
- **AUTO ACCIDENTS:** Motor Vehicle Accidents (MVA's) can be filed to your auto insurance as a courtesy to you if requested. However, payment is due from you at the time of service. If the claim is then paid to BMEA, we will issue a refund to the patient.
- **WORKER' COMPENSATION:** Our office will send appropriate workers' compensation claim forms for services rendered on your behalf as a courtesy. If a claim is denied, we will expect payment in full from you within 30 days of receipt of our bill.
- **PAYMENT PLAN:** Our office will be happy to work with you in order to pay any balance due to our practice. Please contact our billing department 215-258-5115 to work out a payment plan with our practice. Please allow 5 mail days prior to each due date for each payment to be received by our practice.

By signing BMEA patient registration form, I understand and consent to Bucks Mont Eye Associates, P.C. to use an automatic dialer to reach me. I will cooperate with the billing department of BMEA to ensure payment for my services. I understand that I will be responsible for any cost(s) associated with the collection of my account if I default on this agreement. I understand that the terms of this financial policy may be amended at any time without prior notification to me, the patient. In the event that the patient is a minor, I am the parent and/or legal guardian of said patient and agree that I am responsible for payment for all services rendered to the patient herein.