

# Financial Information

## REFRACTION POLICY

A refraction is a test where a series of lenses are used to determine what combination will help you obtain your best corrected vision, or your need for corrective lenses (glasses). Unfortunately, a refraction is NOT a covered service by Medicare or most medical insurance companies. Our office fee for a refraction is \$30.00 and this fee will be collected in addition to the patient's co-pay.

## TRADITIONAL MEDICARE PATIENTS

We file all office visits for Medicare patients. Although we do not file on all Medicare supplements, please be sure to give our office that information. If your supplement is a Medigap Insurance, Medicare will forward your claims directly to that company. If Medicare does not forward your claim, you will be responsible for the 20 percent that Medicare does not pay plus the cost of refraction and any deductible you have not met, at the time on your visit. We will furnish a paid itemized bill for you to send to your supplement insurance for reimbursement.

## MEDICARE HMO PATIENTS

Medicare HMO patients must obtain an insurance referral from your primary care physician prior to each visit. We will not be able to see you without this referral number authorized by your insurance company.

## MEDICAID PATIENTS

We routinely file all office visits for Medicaid patients. You must present your current month's Medicaid sheet at each visit.

## INSURANCE PATIENTS

We do not file insurance for office visits unless you are covered by a Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) with which we are participating. If we are out of your network or if your visit is for a routine vision exam (most insurance companies will not cover a routine eye exam even if it is a PPO or HMO), payment is required at the time of service. We will provide you with the necessary information for you to file for your visit. You will be responsible for any services, tests, or procedures performed that are denied or not covered by your insurance carrier. It is very important that you check with your Insurance Carrier or your Human Resource Department at work, to determine if your insurance requires you to see a certain doctor or has other special requirements such as a Referral Number that we must have prior to your upcoming visit. If you should discover that we are not in your plan, please call us as soon as possible so that we may reschedule you. Most insurance companies will not provide us with this information; therefore we cannot call for you. If you see a doctor out of your network, you usually have to pay a greater portion of the fee and often have a deductible as well.

## NO INSURANCE

If you do not have any insurance coverage, payment is required at the time of service.

## NOTICE

If for any reason a claim that we file with your insurance carrier remains unpaid sixty (60) days from the date services are provided you will be responsible for payment of the entire balance. Please understand that most insurance companies have a limited amount of days to file a claim so therefore it is the patients' responsibility to provide us with the correct insurance information before your scheduled appointment. Failure to provide our office with correct insurance information could result in you being responsible for payment of the entire balance from the date of service provided.

By signing below I acknowledge that I have read and understand Dr. Greg Wacasey's' payment policy.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date