NTEC
North Texas Eye Center

PATIENT FINANCIAL POLICY

Thank you for choosing North Texas Eye Center. We look forward to providing you with the best possible medical and surgical eye care to help you see the important and beautiful things in your world. To provide needed services, we expect payment of your bill as part of the process. We recognize that healthcare benefits and coverage options have become increasingly complex. Please review this financial policy to help you better understand your responsibilities as a patient and our commitment to you. We look forward to working together to ensure accurate billing and prompt payment for the services we provide. If you have any questions regarding the information provided, please ask to speak to a representative from the billing team.

Demographic and Insurance Information Needed

To provide the best possible care, and allow for accurate billing, it is important to have your correct demographic information and accurate information about your health insurance coverage. We will review this information at each visit (even if you have recently been seen), including:

- Your complete name, address, and phone number;
- Insurance information, including: name(s) of the insurance company, the group and subscriber number or other identifying numbers; claims filing address and telephone number;
- A copy of your insurance card(s) and photo ID, and;
- The name, address and phone number of the doctor who is referring you to our office.

Insurance Coverage

Your health insurance policy is a contract between you and your health insurance company. It is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals and/or pre-authorizations. You should be knowledgeable about any deductibles, copayments and/or coinsurance that are due.

Our doctors belong to most major insurance plans. Before your appointment, please be sure your doctor is in-network and the services are covered under your plan. If your doctor is out-of-network, you will be billed for the costs of care. If you are uncertain about your current health insurance policy benefits you should contact your plan to learn the details of your benefits, out-of-pocket expenses, and coverage limits.

Insurance Referrals

You are responsible for obtaining and providing us with any referrals required by your insurance. Without this information, your insurance company may not pay for services, and the balance will be your responsibility. Your appointment may be rescheduled or alternative payment arrangements (see “Self Pay” section) may be necessary without appropriate documentation and approval prior to your visit.

Payments of Co-payments,

All co-payments are due at the time of service. Your secondary insurance may or may not cover your co-payment and/or co-insurance. If your secondary covers your co-payment we will issue you a refund. We accept cash, check or credit cards (VISA, Discover, MasterCard, American Express). If you do not make these payments, your appointment may be rescheduled. There will

be a $50 fee assessed on returned checks. Further, if you are unable to pay your co-payment and we need to reschedule your appointment, you will be charged a $50 fee for missing the appointment.

Deductibles and Co-Insurance
As a courtesy we will bill your insurance according to all federal, state and other contractual requirements in cases where we have an agreement or we are a participating provider. Your insurance will determine what amount they will pay toward your bill. Once they have paid, we will send you a detailed bill for the remaining amount owed to North Texas Eye Center.

Non-Covered Services
Not all insurance plans cover all services. If your insurance plan determines a service to be "not covered", you may be responsible for the complete charge. You agree to pay any portion of the charges not covered by insurance. The balance is due in full within 30 days of receipt of the statement. If you are unable to pay the full amount within 30 days, please call the number located on your statement to make payment arrangements.

Past Due Balances
Patients with past due accounts will be sent two additional statements requesting payment. If there is no resolution, your account will be sent to a collection agency, and you may be discharged from the practice for lack of payment. If the account is sent to collections, the person financially responsible for the patient's account will be responsible for all collection costs, including potential attorney fees and court costs.

Refraction Fee
Refraction is the process used to determine your best-corrected vision potential. While not covered by most insurance companies (including Medicare) a refraction may be needed to help determine your best vision potential, or if you request a new glasses prescription. Our refraction fee is $55, payable at the time of the service. This charge is in addition to office visit charges, co-payments and/or deductibles. The fee covers the time and effort needed to refract, review the refraction, and make a clinical judgment on the refractive state of the eye(s).

Workers' Compensation
We do not currently accept Worker's Compensation.

Self-Pay
Self-pay accounts are for patients without insurance coverage or patients covered by insurance plans with which North Texas Eye Center is not contracted (or when appropriate referrals are not obtained). It is your responsibility to know if our office participates with your plan.

Self-pay patients who are new or returning to North Texas Eye Center are required to pay $100 at the time of check in and the remainder at the end of the office visit.

Surgery Patients
Should you need any type of surgery, you will be required to sign our separate Surgery Financial Policy.

Missed/Cancelled Appointments
We recognize that personal circumstances may make it necessary for you to cancel your

appointment. Please contact us as soon as you know you will not be able to keep your appointment. To avoid a "missed appointment fee" of $50, we request you inform us within one business days of the day of your appointment.

We understand that on rare occasions, emergencies arise causing you to miss your appointment without the ability to notify our office prior to your appointment. Should this occur, please call our office to have your appointment rescheduled. Patients who miss more than one appointment, without notifying our office more than 24 hours prior to the scheduled appointment, are subject to the $50.00 missed appointment fee.

A frequent pattern of appointment cancellations and/or visit "no shows" may result in a patient's discharge from our care, as such cancellation makes it challenging for our doctors to provide appropriate continuity of care, and inhibits care we can provide to other patients.

Completion of Forms and Release of Medical Records

Completion of disability forms, FMLA forms, and other supplemental insurance forms all require doctor and staff time to complete, therefore a $25.00 fee for each form will be charged and must be pre-paid. There will be a 14-day turnaround time for completion, so please plan accordingly. Payment is required in advance.

We follow the laws of the State of Texas for copying fees and release of medical records requests. Most requests for release of records are processed within 2 weeks of receipt, though up to 30 days may be required. A processing fee is charged for all requests sent directly to a patient, or a law firm. Payment is expected at the time of release of records**.**

Assignment of Benefits, Responsibility to Pay, Termination of Services

I hereby assign all medical and surgical benefits to which I am entitled. I hereby authorize and direct my insurance to issue payment directly to North Texas Eye Center for medical services for myself and/or my dependents. I have read and understand the financial policy and I agree to be bound by its terms. I understand and agree that such terms may be amended by the practice from time to time. Further I understand that if I do not fulfill my financial obligations, I may be discharged from the practice.

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Print Name of Patient Signature of Patient (or responsible party)

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Date