

## North Dakota Eye Clinic Financial Policy

Thank you for choosing the North Dakota Eye Clinic as your eye care provider. We are committed to building a successful physician-patient relationship, and the success of your medical treatment and care. Your understanding of our Financial Policy and payment for services are important parts of this relationship. For your convenience, this document discusses a few commonly asked financial policy questions.

### When are payments due?

All copayments, non-covered services (for example: refractions, Optos screening), and past due balances are due at the time of check-in.

**Refractions:** Refraction is the process of determining the need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary in order to write a prescription for glasses or contact lenses. It also aids in diagnosing potential medical conditions. Medicare and most medical insurances do not cover the fee for refractions. You are responsible for this fee and it is payable at the time of service. Please see our Refraction Policy (available at check-in) for further explanation of our upfront collection of the \$79.00 refraction fee.

### How may I pay?

We accept payment by cash, check, and all major credit cards. There will be a \$25.00 fee for all returned checks.

### Do I need a referral or pre-authorization?

If your insurance plan requires a referral authorization from your primary care physician or a pre-authorization from your insurance, you will need to contact your primary care physician or insurance company to be sure it has been obtained. Failure to obtain the referral or pre-authorization may result in a lower or no payment from the insurance company and the balance will become the patient's responsibility.

### Will you bill my insurance?

Insurance is a contract between you and your insurance company. We will bill your primary insurance company on your behalf as a courtesy to you. To properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance, as well as any change of insurance information.

It is your responsibility to notify our office promptly of any patient information changes (ie, address, name, insurance information) to facilitate appropriate billing for the services rendered to you. Failure to provide complete and accurate insurance information may result in the entire bill being categorized as a patient's responsibility.

Although we may estimate what your insurance may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If we are not in-network with your insurance carrier and you do not have out-of-network benefits on your policy, you will be considered self-pay.

### Which plans do you contract with?

The North Dakota Eye Clinic accepts most major insurance plans. However, with the frequent changes that happen in the insurance marketplace, it is a good idea for you to contact your insurance company prior to your appointment and verify if we are a participating provider as per your plan. If we are not a provider under your plan, you will be responsible for payment in full at the time of service.

### What if I have medical and vision insurance?

Our clinic participates with both medical and vision insurance plans. These plans cover different types of eye care and cannot be used interchangeably. Visits related to eye health or disease (such as glaucoma, cataracts, dry eye, or diabetes-related eye conditions) are billed to medical insurance. Routine vision exams and services related to glasses or contact lenses are billed to vision insurance. Any medical findings during your exam will be billed to medical insurance.

### What is my financial responsibility for services?

The patient or the patient's legal representative is ultimately responsible for all charges for services rendered.

Some services may be considered non-covered services by your insurance plan. It is your responsibility to know what your insurance covers and does not cover and understand that you are financially responsible for payment of all non-covered services.

**Minors-** A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

**What if I don't have insurance?**

**Self-pay** accounts apply to patients without insurance coverage or those covered by insurance plans that the office does not accept.

Self-pay medical exams cost is estimated at the time of check in to the best of the clinic's ability. All self-pay services are due at the time of check in/check out.

Self-pay routine vision exams are \$145.00. There is a fitting fee for contact lens exams.

**I received a bill even though I have secondary insurance.**

Having secondary insurance does not necessarily mean that your services are 100% covered. Secondary insurance policies typically pay according to a coordination of benefits with the primary insurance.

**What if I have billing or insurance questions?**

The North Dakota Eye Clinic is supported by a staff of dedicated professionals. Our billing office staff can assist with most financial questions and help relieve the patient/caregiver of burdensome paperwork. Please ask if you have any questions about our fees, our policies, or your responsibilities.

**Do you bill workers' compensation?**

We will bill workers' compensation for verified claims. It is the patient's responsibility to provide our office with employer authorization and contact information regarding a workers' compensation claim. If the claim is denied, it becomes the patient's responsibility.

At your request, we will submit the claim to your primary medical insurance carrier with a copy of the workers' compensation insurance denial. If your primary insurance claim is denied, you will be responsible for payment in full.

**What if I need surgery?**

If your physician recommends surgery, your surgery will be scheduled by our surgical coordinator. This staff member can answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and assist with completing all prior authorization your insurance company might require.

**Will I receive statements or bills?**

Patients will receive a statement with any outstanding balance once all applicable insurance companies have responded and payments have been posted. If a balance is due after your insurance carrier pays, payment is due upon receipt of the statement. Payment arrangements can be made for special circumstances by contacting our Business Office at 701-775-3151 option 3.

We do have a monthly statement cycle which includes past due notices and reminders. If a balance remains unpaid after 120 days we will turn the account over to an outside collection agency.

**Can you waive my copay?**

We cannot waive deductibles, coinsurances, or copays that are required by your insurance. This is a violation of insurance rules.

I have read, understand, and agree to the above Financial Policy. I understand my financial responsibility to make payments for services provided to me and the courtesy extended by the North Dakota Eye Clinic to simplify insurance reimbursement for the services provided to me. I acknowledge that these policies do not obligate the North Dakota Eye Clinic to extend credit to me for services provided.

**Patient or authorized representative**

**Date:**

**signature:**

**Patient or authorized representative name:**

**(printed)**

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