

# Heart of America Eye Care Office Policies

Thank you for choosing Heart of America Eye Care. We strive to provide you the very best care. In order to do so, we would like to acquaint you with our office policies. Please read this over carefully. We also suggest you review your health insurance policy and familiarize yourself with the coverage it provides.

## **Insurance and Driver's License presented at the time of service**

In order for Heart of America to file insurance claims on your behalf, you must present proper proof of insurance at your appointment. It is up to you to know the specific requirements of your own insurance plan. *Insurance claims will not be filed without a copy of your insurance card.*

## **Assignment of Insurance Benefits**

You authorize your insurance carrier(s) to make payment directly to Heart of America Eye Care and assign to Heart of America Eye Care the insurance benefits for services herein specified and otherwise payable to the insured. Heart of America Eye Care files both primary and secondary insurance as a courtesy to patients. You understand and agree that you are financially responsible to Heart of America Eye Care for all charges incurred regardless of potential insurance benefits. You understand that Heart of America Eye Care will not become involved in disputes between the patient and the insurance company. You understand that it is your responsibility to verify with your insurance company that the physician(s) treating you are covered under your insurance and to get referrals and/or authorization for services.

## **Costs**

You are financially responsible for all charges arising from treatment of your dependents or yourself by Heart of America Eye Care. Not all services are covered benefits in all contracts. If you are delinquent and default on the terms of this agreement, then your account will be turned over to a collection agency.

## **Referral Forms**

If you have coverage by a HMO or PPO insurance requiring a referral, a completed referral form, or referral number from your primary care physician (PCP), then it must be provided at the time of your appointment. Failure to provide referral information at the time of your visit will necessitate rescheduling your appointment or payment in full at the time of service.

## **Vision Plans**

Vision plans such as VSP, Eyemed, or Spectera require an authorization number prior to service. It is your responsibility to inform the personnel at the front desk if you have a vision plan. If you fail to inform office personnel about your vision plan, you will be billed for all charges incurred.

## **Payments**

All copays must be paid the day of your appointment. Self-pay and non-covered benefit fees are also due at the time of your appointment. We accept cash, checks, American Express, Visa, MasterCard, and Discover.

## **Appointments**

A \$50 reservation fee may be placed on your account for failure to arrive on time, keep scheduled appointments, or to cancel appointments at least 24 hours in advance. This charge is not covered by

*Updated 10/23*

your insurance policy and will be applied to costs associated with your next appointment. If you do not keep your next appointment, this fee is not refundable. If you arrive more than 15 minutes after your scheduled appointment time, you may be asked to see another provider or appointment may need to be rescheduled.

### **Reinstatement**

If your account is turned over to a collection agency, it will be at management's discretion to accept you back into the practice. If accepted back, your balance must be paid in full before having any further treatments with Heart of America Eye Care. A minimum \$25 reinstatement fee will be applied to your account. The reinstatement fee and the full amount of your visit is due at the time of service as a guarantee of payment. We will submit your claim to your insurance company, and you will be reimbursed once your claim is processed.

### **Noncompliance**

Heart of America Eye Care reserves the right to discharge any patient from the practice at any time for failure to comply with treatment recommendations or office policy responsibilities. In this event, Heart of America Eye Care can suggest referral options.

### **Prescriptions**

Please allow 24 hours for any prescription refill request submitted Monday-Thursday. Requests received on Fridays will not be submitted until the following Monday. Most prescriptions will be sent electronically to your pharmacy.

### **Vision Care Exam**

A vision care eye exam consists of a general eye exam and refraction for glasses. Contact lens services are not included in the vision care exam.

### **Contact Lens Evaluation**

A contact lens evaluation includes the evaluation of your current contact lenses, renewal of your contact lens prescription, and fitting and refitting of contact lenses. Contact lens services are available on a fee-for-service basis payable at the time of service. Your insurance plan may require that you choose between coverage for contact lenses or glasses. You are responsible for contact lens service fees and materials costs not covered by insurance.

### **Glasses Rechecks**

Our doctors and opticians take into consideration several measurements and variables to maximize your vision. If you have difficulty with glasses purchased from Heart of America Eye Care Optical, please return for a recheck and we will solve the problem.

The accuracy and proper manufacture of eyeglasses made elsewhere is the responsibility of the store that made the glasses. Therefore, if you have difficulty with your new glasses, please first bring them to the store where they were made. Heart of America Eye Care will recheck your prescription. However, we do not measure/evaluate eyeglasses made elsewhere.

Progressive lenses (no-line bifocals) may often cause vision problems if pupil measurements are not made correctly or if the wrong type of material or lens design is chosen.