Joseph & Bass Eye Associates, P.A

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Patient Financial Responsibility

This document is provided to you so that you will understand both your responsibility as the patient, and our responsibility as the provider in regards to your insurance coverage.

We accept assignment to many insurance companies, which means, we accept a negotiated rate as a provider. As a courtesy to our patients, we do file the initial insurance claims for those companies for which we have agreed to accept assignment.

All insurance information must be presented at the time of your examination. We cannot accept any changes to this information past the date of service. After that time, we can provide any information you need so that you can file the claim on your own for reimbursement.

Some health plans require that we inform you in advance that they may deny payment for "services not covered", "services not deemed by the health plan to be reasonable and customary or medically necessary", "services not covered for this type of provider"," diagnosis not appropriate for this type of procedure" and "procedure has been deemed to be experimental".

Andrea Joseph, O.D., P.A. renders only services that, in their professional judgment, are necessary to provide quality health care for you.

In order for us to collect from you for our services when payment is denied by your health plan, your health plan requires that you sign the following agreement.

Agreement: I have been notified by Andrea Joseph, O.D., P.A. that payment may be denied for the reasons above, or that have been specifically requested by me, the patient.

If payment is denied, I agree to be personally and fully responsible for payment within 60 days.

There will also be a $25.00 fee for returned checks.

☐ **Signature**_____ Date_____

Notice of Privacy Practice

I acknowledge that I have received a copy of the HIPAA Privacy Practices guidelines as presented by Andrea Joseph, O.D., P.A.

☐ **Signature** _____Date: _____

Comprehensive Medical Exam vs. Routine Exams

Office visits to an eye care professional are usually categorized as either "routine" or "medical". **The comprehensive medical eye exam is a 14 point exam that is more like a medical doctor visit than a vision test:** The testing and information is more in-depth than that of a routine eye exam, which may involve some of the same things, such as a pressure check or visual acuity test, but does not allow enough time for all the aspects of your eye to be covered. In fact, if a medical problem is detected during the course of your routine eye exam, a follow up office visit may be required or a referral to another physician for further testing. The type of eye exam you have is determined by the reason for your visit or your chief complaint, as well as your diagnosis.

Vision plans such as Davis Vision, Eyemed, VSP, Spectera and Block Vision typically cover a routine eye exam whereas medical insurances such as Tricare, BCBS, Aetna, Medicare, and United Healthcare cover a Comprehensive Medical Exam.

Signature of patient or legal guardian if minor: _____Date:_____

Your Vision/Medical Health Plan Coverage

Andrea Joseph O.D., P.A. is committed to providing you with the best possible care and helping you to receive maximum benefits under your insurance plan. In order to achieve these goals, we need your assistance.

1. It is your responsibility to know if a referral is necessary for your visit.
2. Co-payments are due at the time of the visit.
3. A valid, current insurance card (if applicable) must be presented at each office visit. Please present your vision AND medical information/ insurances card so that even if this visit is what you deem a “routine vision exam” but a medical is diagnosed upon examination (eg. dry eyes, eye infection, glaucoma, etc.) it can be appropriately billed to your medical carrier.
4. If the service is not a covered benefit, or if your insurance plans tells us you are not covered, payment in full for all services rendered are due on date of service. If your insurance subsequently makes payment, any over payments will be refunded to you.
5. **Please note** confirmation of insurance eligibility by our staff is not a guarantee of payment for services rendered.

By signing below, I acknowledge that I have read this information and understand completely.

Signature of patient or legal guardian if minor _____Date:_____

Medicare Patients

Under Medicare program standards, not all services in a routine eye examination are covered. This would include the refraction, which is the determination to see if there is a need for corrective eyeglasses or contact lenses. It is an essential part of the eye examination. Our fee for refraction is **$25.00** and this is collected at the time of service.

By signing below, I acknowledge that I have read this information and understand completely.

Signature of patient or guardian if minor _____Date:_____