

## NORTH RIVER OPHTHALMOLOGY FINANCIAL POLICY

Thank you for selecting our office for your eye care needs. In order to inform you of our policies regarding payment for your care, the following is necessary for you to read and understand prior to being seen by our physicians.

**The patient or guarantor is responsible for payment at the time of service. If we are participating providers for your insurance program, we will file your insurance as a courtesy. All copays, deductibles, and patient financial obligations must be met prior to seeing the physician. Balances remaining after insurance contribution must be paid in a timely manner, or it may result in collections action.**

### Medicare

Our physicians participate in the Medicare program. Medicare will pay 80% of the approved charges after you pay your annual deductible, which renews on January 1st of each year. As a patient, you will be responsible for your 20% coinsurance if your secondary insurance does not cover this.

### HMO/PPO Coverage

In order to file for your insurance benefits, we require a copy of all insurance cards, a government-issued photo ID, and the mailing address for your insurance company. If your insurance carrier requires a referral from your primary care physician, it is your responsibility to obtain this referral and ensure it is on file prior to being seen by the doctor. Failure to provide all the necessary information may require you to reschedule your appointment or pay for any anticipated charges in full prior to your appointment.

### Assignment of Benefits

I assign all medical and/or surgical benefits including major medical benefits to which I am entitled, including Medicare, private insurance and any other health plan, to North River Ophthalmology. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I hereby authorize the release of all information necessary to secure payment.

### No Show Policy

Our office policy requires notice of 24 hours for cancellation of any appointment with our physicians. If proper notice is not provided, you may be charged a \$50 no show fee that will be due prior to scheduling your next appointment. Exceptions may be made in the event of a true emergency.

### Refund Policy

If you are due a refund for a credit on your account greater than \$5, you will receive a phone call from our automated-call system notifying you to contact our office. For refunds less than \$5, the credit balance will be left on your account for future visits unless you contact the office to obtain this refund.

### Refractions/Prescription for Glasses

Refractions (the determination of a prescription for glasses or contact lenses) are not a covered service under Medicare and other medical insurance programs. As a courtesy, we will submit this charge to your insurance company; however, payment for this is due at the time of service if you do not have vision insurance that we anticipate to pay for this charge. If your insurance company remits payment to us for this service, we will gladly credit your account and contact you regarding a refund.

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Patient or Responsible Party Signature/Relationship

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Date