



ECNV Payment & Office Policy

Thank you for choosing ECVN. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy.

Insurance. We participate in most medical insurance plans, including Medicare. We do not participate with vision insurances.

- If you are not insured by a plan we do business with, payment in full is expected at each visit. We require a credit card on file.
- If you are insured by a plan we do business with, but don't have an up-to-date insurance card or valid referral, payment in full for each visit is required until we can verify your coverage.
- Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Copayments and deductibles. All copayments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect copayments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

- A credit card on file is required for all patients
- A \$35.00 returned check fee will be assessed on all returned checks
- A \$25.00 chargeback credit card fee will be assessed on all chargebacks initiated by the patient

Referrals. We are a specialty practice and if you have a managed care plan (HMO) that requires a referral to see a specialist, you must obtain a referral prior to your visit for it to be covered under your insurance plan. Referrals are authorizations from the insurance plan initiated by your primary care provider (PCP). Our schedule does not allow time to track down referrals the same day.

Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other

medical insurers. You must pay for these services in full at the time of visit or following claim submission.

- There is a \$20.00 fee for completion of various forms (DMV)
- There is a \$60.00 charge for all non-covered refractions
- There is a \$50.00 charge for all non-covered corneal pachymetry tests
- There is a \$15.00 fee for release of medical records

Proof of insurance. All patients must complete our patient information intake before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Nonpayment. If your account is over 90 days past due, you will receive a letter stating to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collections agency and additional fees will be incurred. You may be discharged from this practice.

Missed appointments. Please help us to serve you better by keeping your regularly scheduled appointment. Missed appointment charges will be your responsibility and billed directly to you.

- There is a \$35.00 for same day missed appointment charge
- There is a \$250 surgical cancellation fee for elective surgery canceled within 5 days of the procedure, or if you do not show at the surgery center for the procedure
- If you arrive late to your appointment beyond 20 minutes, there is no guarantee that the provider will be able to accommodate you and your appointment may need to be rescheduled.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area and specialty. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

Patients have the right to voice concerns about their care without fear of retaliation. All grievances will be addressed respectfully and objectively through a defined process. However, grievances do not exempt patients from complying with our standard policies regarding scheduling, treatment protocols, safety and payment. We reserve the right to dismiss patients from the practice due to violent, aggressive or harassing behaviour or delinquent accounts.

Insurance Authorization and Assignment of Benefits

I certify that the information that I have reported with regards to my insurance coverage is correct. I also authorize the release of any medical information necessary to process this claim. I also authorize payment of medical benefits to Eye Consultants of Northern Virginia, PC for medical and surgical services provided to me. I fully understand that payment for services is not contingent upon recovery and this does not relieve me of my primary obligation to pay.

Medicare Patients

In Medicare cases, Eye Consultants of Northern Virginia, PC, agrees to accept the charge determination of Medicare as the full charge, and the patient is responsible only for deductible, coinsurance and non-covered services. Coinsurance and the deductibles are based upon the charge determination of Medicare.

Signature: _____

Printed Name: _____

Date: _____