

FINANCIAL AGREEMENT AND CREDIT POLICY:

- You are responsible for presenting current and accurate insurance cards.
- As a courtesy to you, we will file your claim with your insurance company. However, you are the sole responsible party for all charges incurred and guarantee payment thereof. If we are contracted with your insurance company, we will accept assignments and you will be responsible for your payment portion at the time of service. Failure to provide necessary referrals and/or authorizations or failure to provide accurate billing information will result in all charges for services becoming the sole responsibility of the patient/responsible party. You are expected to understand your benefits, coverage, and responsibilities, including knowing what your co-pays, co-insurance, and deductibles are. This also includes obtaining referrals and/or authorizations if your insurance company requires these before care is provided. If we do not have a contractual obligation with your insurance company, you are responsible for 100% of the payments at the time services are rendered. If Dr. Szymarek is a participating physician for your primary insurance plan, payment for any deductibles, co-pay amounts, and non-covered services will be due at the time of service.
- It should be remembered that eye examinations, or certain other ophthalmic services, are not always covered by every insurance company. Even within the same insurance plan there may be many individual variations. It is your responsibility to know whether or not your insurance plan will cover the services that you receive in our office. It is simply not possible for the staff of this office to know how each and every insurance plan works.
- Only medical insurance plans are accepted. Vision plans are not accepted. Some medical plans do have routine vision benefits; however, sometimes these vision benefits are with a different carrier than your medical plan. We may be participating providers with your medical plan but not your vision benefits carrier. Please contact your carrier to verify your benefits and whether the practice is a provider for both your medical and vision benefits.
- Some charges may be denied by your insurance carrier as investigational, experimental, or not medically necessary and will not be paid by your insurance carrier. You understand that the physician feels these services are needed whether my insurance carriers deem them payable or not and that you are obligated to pay for these services in full.
- A refraction (the measurement of your eyes for a refractive error by either the doctor or one of the ophthalmology technicians) is an essential part of the eye examination. It is necessary in order to complete a comprehensive evaluation of your eye health and to write a prescription for glasses. Medicare and most medical insurances DO NOT cover the fee for refractions. You will be responsible for this fee, and it is payable at the time of service.
- This office accepts assignments for Medicare patients. However, each patient is responsible for payment of all non-covered costs. Examples of non-covered Medicare services would be: the refraction for glasses that is part of almost every comprehensive eye examination, the annual Medicare deductible, and any remaining balance of Medicare allowable fees not covered by the supplemental insurance plan. It is important to understand that when a participating physician accepts assignment from Medicare, it does not mean that whatever Medicare pays is to be considered payment in full. Medicare has never paid 100% of any charge. Many other insurance companies follow this same basic philosophy. The Stark II legislation, recently passed by the United States Congress, prohibits this office from extending courtesy discounts and/or professional write-offs.

- Some insurance plans require you receive a prior authorization for services by a specialist. Please review your policy to see if there is such a requirement and obtain this authorization prior to your visit with our clinic.
- We will make every effort to determine your insurance benefits and relay to you what you will owe for surgery charges. Please keep in mind that this is just an estimate. Please be aware that when surgery is performed, you may incur additional charges (in addition to the surgeon's fees) from the surgery facility, anesthesiologist, or laboratory.
- Payments on all accounts billed are expected within 30 days. If your account is sent to collections, a 25% collections fee will be added.
- Returned Checks will be subject to collection charges, penalties, and interest.
- There is a \$35 fee for appointments that are not canceled within at least one (1) day advance notice.
- By signing below, I agree to the above terms and I agree to pay any collection costs and/or reasonable attorney fees, if a delinquent balance is placed with a collection agency and/or attorney for collection or suit.

CREDIT CARD ON FILE POLICY

- Elkhart Ophthalmology offers the option of keeping your credit card or debit card on file as a convenient method of payment for the portion of services that your insurance does not cover for which you are responsible and/or any refund that is due to you once the claim has been properly adjudicated by your insurance company.
- Your credit card information is kept confidential and SECURE. Any payments to your credit card are processed only after the claim has been filed and processed by your insurer, the insurance portion of the claim has been paid and posted to the account. Please keep in mind that this is a hassle-free way to receive payments and/or give refunds. Bills may not be sent as this method is to reduce the amount of time it takes for our office to be paid. PLEASE BE SURE TO ALWAYS CHECK YOUR EOB.
- I authorize Elkhart Ophthalmology to charge my card for balances due for services rendered that my insurance company identifies as my financial responsibility.
- This authorization relates to all payments not covered by my insurance company for services provided to me by Elkhart Ophthalmology. This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to the practice in writing, and the account must be in good standing.

ASSIGNMENT OF BENEFITS:

- I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance, and any other health plan to Elkhart 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 the original. I understand that I am financially responsible for all charges, whether or not these charges are paid by my medical insurance. I hereby authorize Elkhart Ophthalmology to release any and all information necessary to payment.

I certify that the information I have provided on this form is correct. I authorize the release of any necessary information, including medical information, for this or any related claim to the above named carrier(s), or in the case of Medicare Part B

benefits, to the Social Security Administration and Health Care Financing Administration. I permit a copy of this authorization to be used in place of the original. I may revoke this authorization at any time in writing.

CONSENT FOR TREATMENT:

- I HEREBY AUTHORIZE Elkhart Ophthalmology to examine and treat me or the individual for whom I am responsible. During the course of diagnosis or treatment, eye drops may be used to dilate the pupils. These drops may cause temporary blurred vision and glare. Driving an automobile, or operating machinery, is not advised until the effects of the drops have worn off. I authorize Elkhart Ophthalmology to release information acquired in the course of my examination and treatment to my insurance carriers. I further understand that I have primary responsibility for payment of my charges.

Signed: _____

Date: _____