

Financial Policy of Eye & Laser Center of Starkville

Thank you for selecting our office for your eye care. The best medical care can be provided only on the basis of mutual understanding. In order to prevent any misunderstanding concerning the responsibility for payment, the following information is necessary for you to read and understand. We encourage you to discuss any questions you may have regarding our financial policies with our billing staff.

All co-payments or patient portions (coinsurance payments, deductibles, etc.) are due at the time services are rendered. If you do not have insurance or your insurance does not cover the services provided, payment in full must be rendered at the time of service. **For your convenience, we accept payments by cash, check, Visa, MasterCard, Discover, and American Express. We also accept Care Credit, a medical credit card.** There is a \$25 fee for checks returned to us for insufficient funds.

In ophthalmology, each exam must be coded as either a **routine** eye exam or a **medical** exam.

A **routine eye exam** is an exam provided when there is no evidence of medical disease. An exam for refractive error or the yearly exam required to keep your contact lens prescription current are examples. If you have a routine eye exam and your insurance does not cover this type of visit, payment is expected at the time of visit.

A **medical eye exam** is one that is necessary for following the status of a medical condition or suspected medical condition, such as cataracts, glaucoma, eye pain, dry eyes, etc. This type of exam is usually covered by medical insurance. Medical services are tests and procedures that are needed for the treatment or diagnosis of a medical condition and in most cases are covered under medical insurance.

A **refraction** is necessary to determine your best corrected vision. It is an essential part of an eye exam, but is charged separately from the exam. **Medicare and most medical insurance plans consider it a non-covered service.** The fee for a refraction will be collected at the time of service.

Insurance

The patient is responsible for paying the full amount for all services unless our doctor is a participating provider with your insurance carrier for alternative payments. We participate in a variety of insurance plans and will file an insurance claim under these plans. **Please check with your insurance carrier to ensure that our doctor is a provider for your insurance.** Managed care and HMO insurance companies have many rules and regulations. Because we participate in a great number of these plans, we can no longer be responsible for ensuring your compliance with your insurance company rules. However, to the extent possible, we will still attempt to assist you in your efforts to understand and comply with your insurance company's requirements.

Complete insurance information must be made available to our office, including all identification and benefits cards or documents, and referrals from primary care physicians. The patient is required to pay if this information is not provided. Ophthalmologists are considered **medical specialists**. If the patient's insurance plan requires a referral from their primary care physician to see a specialist, it is the patient's responsibility to obtain this referral.

If you have both medical and routine vision eye exam insurance, please inform our staff as to which insurance you wish us to file, prior to the exam. You will be responsible for applicable co-payments or coinsurance at the time of your visit. We cannot accept responsibility for negotiating claims with insurance companies, but will make every effort to ensure the insurance company has the information it needs to process the claim.

Medicare-Our physician does participate in the Federal Medicare program. This means we accept the fees set by Medicare for medical services covered by the Medicare program, including surgery. Medicare patients will be responsible for deductible amounts, coinsurance (20%), and non-covered services. This may be covered by a supplemental policy. **Medicare does not cover routine eye exams or refractions. The payment for these is requested at the time of service.**



EYE & LASER CENTER OF STARKVILLE

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Medicaid-Our physician does participate in the Federal Medicaid program and its subsidiaries. This means we accept the fees set by Medicaid for services covered by the Medicaid program, including surgery. Medicaid patients will be responsible for co-payment and non-covered services.

HMO/PPO Coverage- If we have an agreement with a patient's insurance carrier, we will accept payment from the carrier for services covered by the patient's benefit plan. **Co-pays are due at the time of service.**

Other Medical Insurance-Insurance payments received by Eye & Laser Center of Starkville will be applied to the patient's account and the patient agrees to pay the balance due.

Vision Insurance-We participate as a provider of vision services and materials (glasses, contact lenses) with several plans. **You must inform us if you have a vision plan.** Please contact your vision carrier to verify that we are a participating provider and you are eligible for benefits for your appointment. For these plans, we will collect co-pays and amounts due according to your plan at time of service, and file the remaining to your insurance for the balance.

Worker's Compensation-We must have written confirmation of a valid worker's compensation claim from your employer, or the cost of treatment will be the responsibility of the patient.

Patient Billing

After your insurance has settled their portion of your account and you have a balance due, a statement will be mailed to you. The balance of which is due in 30 days. Eye & Laser Center of Starkville does not send statements unless you have a balance due. If you have a question about your statement, or are having financial difficulties and need to discuss this with us, please contact our billing department immediately. We wish to be sensitive to our patients' financial status and will set up a payment arrangement with you in order to help keep your account in good standing.

Accounts not settled within a timely period may be subject to referral to a Third Party Collection Agency. Any additional collection costs will be your responsibility.

In the event a patient is due a refund for overpayment, the refund will be issued after all charges have been filed and paid in full, including any outstanding balances.

Glasses/Contact Lenses

Glasses and contact lens prescriptions expire one year from the exam date that the prescription was given. Glasses and contact lens must be paid in full at the time of order.

Should you have any questions regarding your account or any of the above listed policies, please contact our Billing Department at (662) 320-6555. We will be happy to assist you.