

**Pleasant Valley Ophthalmology**  
**FINANCIAL SUMMARY**  
Revised November 2005

The best medical care can be provided only on the basis of mutual understanding. We encourage you to discuss any questions you may have regarding our financial policies with our billing staff.

All co-payments or patient portions (percentage 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 patients who pay in full at the time of service and Pleasant Valley Ophthalmology (PVO) does not have to bill the patient or their insurance, we offer a discounted fee (on eye exams or medical services only). **For your convenience, we accept payments by cash, check (with valid driver's license #), VISA, Mastercard and Discover cards.** Payment not made at the time of service is past due when the patient leaves the office. There is a \$20 fee for checks returned to us for non-payment.

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 near-sightedness 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 the 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 by 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. It is not covered by Medicare and many other insurance plans. The fee for a refraction may be collected at the time of service.

**INSURANCE:** The patient is responsible to pay the full amount for all services unless PVO has an agreement with the patient's 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 doctors (at this location) are providers 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 PVO, including all identification and benefits cards or documents, and referrals from primary care physicians. The patient will be required to pay if this information is not provided. A note regarding referrals: Our doctors are ophthalmologists and are considered medical specialists. If a patient's insurance plan requires a referral from their primary care physician to see a specialist, it is the patient's responsibility to obtain these referrals. Some insurances (such as Tricare) require that the referral be in place before the exam is given, and will not issue a referral retroactively. In these cases, the patient will be responsible for payment in full. For those plans that do allow retroactive referrals, if the referral is not received by PVO's next regular billing cycle, the patient will be billed.

You should know whether your insurance covers routine eye examinations; call your plan if you have questions regarding your coverage. If you have both medical and routine eye exam insurance, please inform our staff as to which insurance you wish us to file prior to beginning your exam. You will be responsible for applicable co-payments or coinsurance at the time of your visit. If you have not met your deductible, you will be responsible for payment of the deductible 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 your claim. If your insurance company has not paid on your account within 60 days, the account reverts to a SELF PAY status and it will be necessary for you to make arrangements to settle your account. Staying in contact with your insurance carrier while the claim is in process will help to assure that the claim is processed in a timely manner.

The patient agrees that if the insurance company denies benefits for any reason, that the patient is responsible for the full amount of the bill immediately.

**VISION INSURANCE** - We participate as a provider of vision services and materials (glasses, contact lenses) with these plans only: VSP (Vision Service Plan), and Superior Vision. You must inform us if you have one of these plans. For these plans we will collect co-pays and amounts due according to your plan and file to your insurance for the balance.

**HMOs and PPOs** - If PVO has 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-payments are due at the time of service. For services not covered by the patient's benefit plan, payment is due at the time of service.

**MEDICARE** – PVO participates with Medicare. This means we accept the fees set by Medicare for medical services covered by the Medicare program, including surgery. Medicare patients will be responsible only for deductible amounts, copayments (20%), and non-covered services. Routine eye exams and refractions are not covered by Medicare and payment is requested at the time of service. *We maintain a corporate Medicare compliance program for billing integrity.*

**OTHER MEDICAL INSURANCE** - Insurance payments received by PVO will be applied to the patient's account and the patient agrees to pay the balance. We will estimate the patient-responsible portion of the bill at the time of service, and payment of that amount is expected at the time of service.

**WORKERS COMPENSATION** – We must have written confirmation of a valid workers compensation claim from your employer, or costs 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. (Patients with account balances of \$5 or less are not sent statements; patients will be expected to take care of these balances at the time of their next visit.) Charges and payments for services received during the last few days before your billing date may appear on the following month's statement. PVO does not send statements unless you have a balance due. Therefore, if you receive a statement, we are expecting payment from you. 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 plan with you, in order to help you keep your account in good standing.

Accounts not settled within the prescribed 30-day time frame may be subject to referral for third party collections. In the event a patient is due a refund for overpayment, the overpayment will be sent after all charges have been processed by your insurance and the refund amount has been applied to all other outstanding balances.

If you had a previous collection balance or are presently in collection, the physician may use his or her discretion as to seeing you again. It may be required that you pay your previous balance in full prior to being seen. You will be responsible for payment of the office visits, copay, deductible, etc; on the day of the visit.

**CONTACT LENSES:** Arkansas law states that contact lens prescriptions expire after one year (in some cases, they may expire in less than a year). Yearly exams are required to keep your contact lens prescription current, which is necessary for you to purchase contact lenses from any source. Non-stock contact lenses must be paid for in full before they are ordered. In-stock contact lenses may be paid for when they are picked up.

**EYEGLASSES:** Glasses must be paid for in full before they are ordered.

**MISSED APPOINTMENTS:** Repeated missed appointments may result in a missed appointment fee. Please notify us 24 hours in advance if you are unable to make your appointment.

**Should you have any questions regarding your account, please contact the PVO Billing Department at (501) 223-3937. We will be happy to assist you.**

## FINANCIAL SUMMARY

### ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING

I have read and understand the Pleasant Valley Ophthalmology Financial Summary Revised November 2005. I understand that I am financially responsible for all charges whether or not covered by insurance. If I have insurance, I authorize the release of medical or other information necessary to process any claims, and I irrevocably assign to Pleasant Valley Ophthalmology all payments for medical services rendered.

PATIENT NAME (Please print)\_\_\_\_\_

SIGNATURE of patient or guardian:\_\_\_\_\_

DATE:\_\_\_\_\_