Pediatric Ophthalmology Associates, PA

William O. Young, MD

Pediatric Ophthalmology Pediatric and Adult Strabismus

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Phone: (336) 271-2007 Fax: (336) 271-2904

Financial Policies

Effective January 1, 2011

Full payment or co-payment as required by your insurance company is due at the time of service. If we are filing insurance, please provide a current card. If you do not have your current insurance card, we may reschedule your appointment or you may been seen as a private pay patient. We accept cash, personal checks, VISA, MC, Discover, American Express, and debit cards. If your check is returned for any reason, our bank will electronically debit your account for the amount of the check plus a $25 processing fee.

Missed Appointments

We do not currently charge for missed appointments, however, repeated "no shows" may result in the patient and family members being discharged from the practice.

Surgical Procedures

Co-pays, coinsurance, and deductibles are the patient's responsibility and are collected prior to the procedure. These payments will be handled by the Surgical Coordinator.

Medical Records and Forms

Fees are collected before the request is processed *(note—dollar amounts stated are subject to change*)

- Medical Records --- $10 minimum and a completed medical release form (no charge for records sent to another provider)
- Photographs --- $5 each
- School, driving, daycare -- $5; no charge if done at the time of appointment
- FMLA, disability, or other requested correspondence --- $20
- Other --- fee determined by size and complexity of report

Past Due Accounts

If your account is past due, you may be referred to a collection agency, and you may be required to pay the past due amount in full before any additional services are rendered.

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Referrals

It is the policyholder's responsibility to obtain referrals required by your insurance carrier. You are responsible for charges not covered due to lack of required referrals.

Insurance Benefits

Your insurance coverage is a contract between you and the insurance company, not between the insurance company and the doctor. It is your responsibility to know the details of your plan. Your health plan may not cover services rendered if any of the following apply:

1) Patient has a pre-existing condition or other diagnosis not covered by your plan.
2) Remaining deductible according to your plan contract
3) Service not covered under your insurance plan
4) **Well-vision exams** (including nearsightedness, farsightedness, blurry vision, "can't see the board"), **refractions** (necessary to write a prescription), or other **routine services** may not be covered by your insurance plan, **even if you were referred by another doctor**. Please check with your insurance carrier if you are not sure of your benefits.

Contact Lens Evaluation and Refraction *(note---dollar amounts stated are subject to change)*

Contact lens patients require additional testing and monitoring over and above what is done during a routine eye exam. Contact lenses are medical devices and even though they may feel fine, there are health risks that must be taken seriously. In order to renew your contact lens prescription, Dr. Young performs procedures that are not part of a routine eye exam. **The fee for this service is $15 and is collected in addition to the co-pay or fee for an eye examination without contact lenses. Note: This service is not covered by Medicaid.** ***Refraction*** is the process of determining whether there is a need for correction. It is an essential part of an eye examination and is necessary to write a prescription for glasses or contact lenses. **The $35 refraction fee is due at the time of service.** Should your insurance plan pay, we will refund the fee to you. **Refraction is not covered by most insurance plans.**

NOTE: WE DO NOT PARTICIPATE WITH VISION PLANS.

I have read and understand both sides of this financial policy and agree to be responsible for any charges incurred on behalf of myself and/or my child.

PATIENT NAME/DOB _____

PARENT/GUARDIAN SIGNATURE_____

DATE _____STAFF INT_____