

Office and Financial Policies

We would like to thank you for choosing Raleigh Ophthalmology for your medical eye needs. To keep you informed of our current office and financial policies, we ask that you read and sign our financial acknowledgement prior to any treatment.

For the purpose of evaluation, your pupils may be dilated. This may result in blurred vision, making driving difficult. Please ask for assistance if your vision is markedly affected.

On an annual basis, we will request that you update your demographic information by filling out a new registration form. At each visit, we will inquire about your insurance and ask to see your insurance cards. Please note that we cannot file insurance for your services unless we have a card that is correct and current. Although this is often regarded as an inconvenience to you, we have found that it is now a necessity due to frequent changes in carriers and necessary information.

It is the policy of this office to follow up on missed and/or cancelled appointments with 2 phone calls and a letter. This is not meant to be harassing, but rather to make sure you receive the appropriate care for your specific condition. In the event that repeated attempts are not followed up with an appointment, further action may include termination from the practice.

Financial Assignment and Agreements

- I request payment of authorized insurance benefits be made on my behalf to my physician for any services furnished. I
 authorize any holder of medical information about me to release to the Health Care Financing Administration, its agents,
 or any other insurance carrier I may have, any information needed to determine these benefits of the benefits payable
 for related services. This assignment will remain in effect until revoked by me in writing.
- I understand that I am financially responsible for all charges not covered by insurance. Copays, coinsurance amounts, deductibles are payable at the time services are rendered. If payment is not made at the time of service, a billing fee \$25 will be added.
- Many insurance companies do not cover the portion of the eye exam, a refraction that determines the need for glasses
 or a change in one's prescription. For example, Medicare does not pay for the refraction under any circumstances. I
 agree to be fully responsible for payment of a refraction not covered by my insurance or if I am covered under a vision
 plan for which my doctor is not a provider.
- I understand that I will be charged \$25 for a missed appointment unless I give a 24 hour notice to either cancel or reschedule the appointment.
- I understand there is a \$25 service charge for returned checks.
- I understand that if my insurance company requires and authorization, it is my responsibility to make sure one is in place prior to my visit. If no authorization is in place, I accept full financial responsibility.
- I understand that if my account balance becomes past due and is sent to an outside collection agency, I will be responsible for any additional fees incurred.
- The adult parent or guardian accompanying the minor is responsible for payment of the minor patient's account regardless of whose name is listed as the insurance policy holder. For unaccompanied minors, non-emergency treatment can be denied until a parent or guardian is present or we have written permission for treatment.
- Processing copies or transfers of medical records is subject to a \$25 administrative fee.

<u>Acknowledgement - Notice of Privacy Practices</u>

I hereby acknowledge that a copy of Raleigh Ophthalmology's Notice of Privacy Practices has been made available to me to review and that a copy is available at my request.

I authorize Raleigh Ophthalmology to communicate	with me by phone	, answering machine,	, letter, or email at hom	ie or business
regarding appointments, care, or billing.				

Name	Signature	Date