

Columbia Eye Clinic, PA
Columbia Eye Surgery Center, Inc.

(803) 779-3070

1920 Pickens St.
Columbia, SC 29201

100 Palmetto Park Blvd
Lexington, SC 29072

100 Summit Centre Dr.
Columbia, SC 29229

FINANCIAL POLICY

The physicians and staff of the Columbia Eye Clinic, PA are dedicated to providing you with the best possible care and service. Understanding our financial policies is an essential element of your care and treatment.

- You must provide your Insurance card and ID at each visit.
- Payment of co-payments, co-insurance, deductibles, and non-covered/uninsured services, such as refractions, contact lenses, eye glasses and over-the-counter products, is expected in full at the time of service or pick-up.
- We accept cash, checks, Visa, MasterCard and Discover cards.
- We DO NOT participate in all vision plans. If you are planning to use your vision benefits, please inform our staff before your exam is started.
- We do not finance the cost of exams, procedures or surgery.
- If you have a Refraction as part of your exam, you will be responsible to pay the \$30 fee, if your insurance considers this a non-covered charge (see pink info sheet).

Insurance

By providing your insurance information, you have asked, and promised, to pay for the services we provide. **Your** insurance policy is a contract between **you** and **your** insurance company. It is **your** responsibility to know your benefits, limitations, and out-of-pockets, deductibles, and co-insurance amounts. We are a specialty practice. Your coverage may differ between **VISION** and **MEDICAL**.

We participate with many health plans. We will file a claim for your services with those plans we are contracted with. We will collect any required co-payment, co-insurance, and deductibles at the time of service. If your health plan determines a service to be 'not covered' or you fail to provide the correct insurance information at the time of your visit, you will be responsible for the complete charge. If you have insurance with a plan we do not participate with, we require full payment at the time of service and no claim will be filed. If your plan is an HMO or Managed Care plan that requires a referral authorization, it is your responsibility to obtain the authorization from your primary care physician prior to your appointment.

Our fees are set according to the usual and customary fees for our specialty and area. Regardless of any insurance company's arbitrary determination of usual and customary rates, or denial of coverage, you are responsible for any balances. If you have a HSA/HRA (high deductible insurance plan), we require payment at the time-of-service. We will provide all documentation and receipts necessary so you can be reimbursed by your plan. Fraud laws prohibit us from changing your procedures and/or diagnosis codes after the service is rendered "just to get your claim paid". We make every effort to code and file claims accurately according to the services rendered by your physician and the documentation in your medical record.

It is your responsibility to:

- Know your Insurance benefits and coverage.
- Know whether a referral is required
- Know whether pre-certification for a procedure or surgery is required.
- Notify us of changes to your insurance plan or coverage.

Self Pay

Self-pay patients (i.e., patients with no health insurance) will be expected to pay a \$75.00 deposit at registration for their office visit and any additional charges at the end of the visit upon checking out. Payment in full is expected on the date of service.

Past Due Account Balances

Your account is considered past due when the unpaid balance exceeds 30 days with no payment. Past due accounts of \$25 or more are sent to a collection agency and a fee of 28% is added to the balance. Past due accounts less than \$25 are sent to in-house collections and a fee of \$10 is added to the balance. Past due accounts must be paid in full before a return appointment can be made. Returned checks will be collected by a collection agency and include a \$30.00 fee.

Surgery

If you are having surgery we will obtain pre-certification, if necessary, and verify your insurance benefits including the amount you will owe in addition to the payment by your insurance. We require all deductible and co-insurance amounts to be paid prior to the date of your surgery. We will not finance your balance by accepting monthly payments. All insurance amounts given to you by our staff are estimates and are not a guarantee of insurance payment.

Optical

Glasses, sunglasses, and contact lenses will be dispensed once full payment is received. A deposit is required to place an order.

Vision Insurance vs Medical Insurance

Many of our patients have both vision insurance (for example VSP) and medical Insurance (for example Blue Cross, Medicare, Aetna etc.). They are very different in terms of services that they cover and it is important that you understand the differences. Vision insurance is designed to cover the refraction to determine a prescription for glasses and to cover a wellness exam of the eyes of a healthy patient who has no particular problems or symptoms. Vision insurance may help pay for glasses or contacts as well. Vision insurance does not cover medical conditions, injuries or treatments. Medical insurance is designed to cover your visits when you have a medical problem. This includes a medical problem with your eyes. Diabetes, high blood pressure, cataracts, glaucoma and dry eyes are just a few of the reasons for a medical exam under your medical insurance. Special medical testing ordered by your doctor also falls under your medical insurance and the rules pertaining to that. We do not participate in all vision plans. You are financially responsible for all denials, non-covered charges, co-payments, co-insurances and deductibles.

Refraction

Typically, medical insurance plans do not pay for the refraction part of your comprehensive eye examination because they consider it to be vision related and not medical. Eye refractions are necessary not only for prescribing glasses and contact lenses but also for determining whether you have eye disease. Even if you do not wish to receive new glasses, the refraction is an essential part of your complete eye examination. **Medicare and most medical insurance plans do NOT cover routine refractions or routine eye examinations.** Medicare allows that we charge separately for that portion of the exam since it is not a covered service. Our refraction fee is \$30.00 and this fee is collected at the time of service.