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## **EYE CARE OFFICE FINANCIAL POLICY**

It is our policy to provide quality vision care to our patients. Additionally, we strive to run the practice efficiently and ask your cooperation regarding our financial policy.

**Self Pay:** Payment is expected at the time of service. Our office accepts cash, personal checks or charge cards including Visa and Master Card.

**Insurance Filing:** Your insurance policy is a contract between you, your employer, and your insurance company. We are not a party to that contract. Our relationship is with you, not your insurance company. Most insurance companies may pay only a portion of your total charges. Patients are required to pay any co-payments at each visit.

Not all services are covered by the insurance company. Before we file to your insurance company, we will make sure that all information sent to the insurance company is accurate and clearly describes the services you receive. In cases where the service is not covered by insurance, and consequently not paid by your insurance carrier, you will be personally responsible for the charges.

Insurance claims may be outstanding for 60 days. If payment is not received within 60 days, you will be required to pay the balance due. Late payments, made to patient accounts by insurance companies, will be refunded to patients on a timely basis. Contact your insurance company about non-payment or late payments.

If your insurance coverage or company changes, you must bring a copy of your new insurance card at the time of service. If you do not have your insurance card with you, or we do not have your current insurance card on file, be prepared to pay for your visit at the time of service.

Recent federal laws addressing all insurance companies require that we submit every claim to an insurance company accurately, reporting the exact services performed, and the exact reason for performing them. We are not allowed to change this information just so a claim can be filed and paid by an insurance company. Our practice is obligated to, and does, follow these laws. We will submit all claims to all insurance companies in accordance of these laws.

We may recommend that a patient have an "annual eye exam". This allows us to evaluate patient's overall eye health and make sure that he or she is not developing any unexpected problems. During this visit, we will update patient history, as well as look for any new problems. Routine vision services are not covered by most health plans and refractive services are almost never covered by health plans. They are usually the responsibility of the patient. Unless there is some new or progressive finding during this annual examination, we must submit the service to your insurance company as an annual examination, which may not be covered under your insurance plan and will be your responsibility.

Along with the examination, we may suggest that some "additional" tests be performed to get a better evaluation of your health. These "additional" services may be covered, or considered allowed, but not covered by your insurance company. If they are not covered, you will be expected to pay for them yourself.

**Medicare:** We accept Medicare assignment and we will file claims for services that are covered by Medicare. Medicare does not pay for routine services or refractions. Patients are responsible for their deductibles and any co-insurance (20% portion of the Medicare allowable) at the time of service, plus the charges for any service not covered by Medicare.

**Medicaid:** We can only treat a Medicaid patient with a current copy of the patient's Medicaid card for eligible services. Unless the card is brought to us at the time of the visit, and eligibility can be verified, the patient will be rescheduled. Patients are due in the office at the time of their appointment.

**Worker's Comp.:** We cannot treat any patient without an authorization given prior to the appointment.

**Private Insurance:** We will be glad to file your insurance for you if it is a plan in which we participate and accept assignment. If we do not participate in a plan, we will give you all the service and fee information needed to file your own insurance claim.

**Managed Care:** (PPO) Patients are required to pay their co-payments at each visit. The deductible and any non-covered services are also due and payable at the time of service. It is the patient's responsibility to know the policies of their managed care plan.

**Returned Checks:** A \$25.00 charge will be added to any check that is returned to our office for non-payment.

**Missed Appointments:** Patients who do not call at least 24 hours in advance to cancel or reschedule their appointment will be billed \$25.00. Exceptions will be made only for true emergencies.

**Insurance Verification:** Our staff cannot be responsible for verifying insurance or determining the status of coverage. It is the patient's responsibility to do so.

**Collection Agency:** Accounts turned over to a collection agency will incur all fees associated with that effort, including court costs. Unpaid balances will be turned over for collection or Small Claims Court.

**Minors:** Complete information (including address, social security number, and date of birth and employer) is required of the person who is the policyholder of the insurance, is the responsible party, and/or custodian/legal guardian.

**Prescription Renewals:** Payment is required on balances more than 60 days past due before processing your prescription request. If additional prescription services (beyond the written prescription we have already provided to you) are needed to certify your prescription to a mail order or group prescription plan, charges for these additional prescription services will be charged. They will not be billed to, or covered by, your insurance carrier. They will be billed directly to you at the time of service.

**Outstanding Balances:** Must be paid before another visit can be scheduled. Any other arrangements must be made in advance with our office.

**Special Services:**

**Contact lens services,** requiring examination and evaluation beyond usual eye examination and spectacle lens services, will be billed as additional charges. These services usually are not covered under vision or health benefit plans. A schedule of these fees will be provided before services are provided.

**Driver's license renewal services** will be provided free of charge to patients who have had a vision examination within the period required by the Department of Motor Vehicles. All other driver's license renewals will be billed as office visits for services provided.

**Spectacle lens repair services** – Adjustments, modifications, and repairs will generally be made to materials dispensed through our office free of charge. Charges will be made for all services to materials acquired outside of our office.

**We will be happy to answer any questions regarding our Office Financial Policy in advance of services.**