

# Worthington Ophthalmology Financial Agreement

Thank you for allowing us to participate in your eye care. If you have medical insurance, we are committed to helping you receive your maximum allowable benefits. We understand that the medical insurance field can be quite confusing. Our Financial Policy is provided to assist you in understanding your responsibility to both Worthington Ophthalmology and your insurance carrier.

**Medicare/Medicaid:** We are providers with Medicare and Medicaid. We agree to bill and accept contractual adjustments for both programs. You are responsible for all deductibles and copays.

**Supplemental Insurance:** If you have supplemental insurance, we will send a claim to them as a courtesy to you.

**Insurance:** Your insurance policy is a contract between you and the insurance company. As medical providers, our relationship is with you and not with your insurance company. While the filing of insurance claim forms is a courtesy we extend to our patients, all charges are your responsibility from the date the services are rendered. You are expected to know and follow all regulations or procedures as agreed to by you and your insurance company regarding referrals, second opinions or pre-certifications. **Any out-of-pocket expenses such as deductible, coinsurance and copays must be paid at the time of service.** We will be happy to provide you with exam, surgical, or procedure codes prior to your visit or procedure, so you may contact your insurance provider to better understand your potential out of pocket costs. Predicated exam and procedure codes are subject to change depending on the doctor's determination of medical necessity. Failure to provide correct information (current insurance carrier, policy number, etc.) may result in denial of your claim, and you will be held responsible for the balance. If you belong to an HMO (needing a referral from your Primary Care Physician), we cannot see you without a referral unless you pay for the visit yourself.

**Co-Pays:** In accordance with your insurance contract, your copay is due at the time of service.

**Self-Pay Patients:** Self pay patients will be billed at 110% of the Medicare allowable rate. **Payment in full is due at the time of service.**

**Methods of Payment:** We accept cash, check, Visa, MasterCard and Discover.

**Returned Checks:** Any check that does not clear your bank account will result in a \$25.00 fee.

**Refunds:** If an overpayment has been made, a refund check will be issued to you. Refunds for \$10.01 or greater are processed monthly. Overpayments for \$10.00 or less will be credited to your next visit. If you do not want your account credited, contact the billing department and your refund will be issued.

**Statements:** If there is a balance on your account after filing to your insurance carrier, you will receive a statement. Payment is expected within 30 days from receiving your statement. If you have any questions regarding your statement, please contact the Billing Department immediately. If you are unable to pay your balance please contact our office to establish a payment plan. We reserve the right to impose 10% finance charge on accounts not paid within 30 days.

I have read and understand the financial policy of Worthington Ophthalmology, Inc. regarding payments and insurance. I agree to pay for services and tests not covered by my insurance plan. I also understand that I am responsible for following my insurance plan's regulation, policies and procedures.

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Patient Signature/Guarantor's Signature Date