

DR. DAVID K. EMMEL
OPHTHALMOLOGY PRACTICE
FINANCIAL POLICY

Please provide your identification and your current insurance card at each visit and notify staff of any changes in insurance or address/phone numbers. Our office will submit claims to your insurance on your behalf however we cannot guarantee payment from any insurance carrier. All co-pays, co-insurances, deductibles, and/or non-covered services are solely your responsibility as determined by your insurance company. We will bill you for any balance deemed "member liability" by your insurance carrier. We encourage you to pay your specialist co-pay (if applicable) when services are rendered. Otherwise, a statement will be mailed to you after your insurance pays their portion.

Charges that are denied may become your responsibility, including denials for out-of-network services and services for which a referral was required but none was obtained from your Primary Care Physician (PCP). If you do not have health insurance, payment in full is expected at the time of service unless other arrangements have been agreed upon. We accept cash, checks, money orders, Visa, MasterCard, and Discover.

Many insurance companies do not cover refraction, which is a test that determines your prescription for eyeglasses. **We currently charge \$50.00 for refraction and may bill you if your insurance denies it as a non-covered service.** If you have Medicare or a Medicare replacement plan, we may ask you to sign an Advance Beneficiary Notice (ABN) prior to the refraction service in keeping with Medicare's guidelines. Medicaid-eligible patients will not be billed for this service.

We understand that your cost under some insurance plans would be less if your visit is billed as routine however we cannot guarantee our ability to bill your visit as a routine exam. If it is determined that you have an eye condition or disease during your visit, your visit cannot be considered routine and the claim for your visit will be billed with a medical diagnosis, which may lead to a higher "member liability" amount. **We cannot determine if a visit will be considered as a routine visit or as a medical visit until the exam is complete.**

However, some insurance carriers such as Medicare will not pay for routine eye care. If you have Medicare or a Medicare replacement plan and it is determined that you don't have a medical diagnosis, we will bill your visit as routine. In this case, we may ask you to sign an ABN at the time of service and once we bill your insurance, any denied charges will become your financial responsibility.

If you have a major medical insurance plan through Anthem Blue Cross Blue Shield, you may receive checks in the mail along with an Explanation of Benefits (EOB) from Anthem for the claims we billed. You are required to sign the checks over to Dr. Emmel and send them to our office with the EOB or send in a separate payment for the balance due.

By signing below, you agree to the following statements:

- I have read and agree to the terms of the financial policy listed above
- I authorize Dr. Emmel & staff to release medical treatment records and other information if necessary to my insurance if requested in order to secure payment for all services rendered
- I authorize Dr. Emmel & staff to leave messages on my voicemail which may include protected health information (PHI) at the phone number(s) I have provided
- I authorize Dr. Emmel & staff to discuss my medical and billing records with the following contact(s):
_____ (_____) _____ - _____
- I acknowledge that I have received a copy of Dr. Emmel's Notice of Privacy Practices, which is also posted in the reception area, and I can request another copy of this document at any time
- My signature is valid for services received today and all services received in the future

Patient (or Legal Guardian) Signature

Date

Patient (or Legal Guardian) Name, Printed

Date

Signed Form Received By: _____
(Office Representative Initials)