



EYE ASSOCIATES OF WILMINGTON, P.A.

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Katherine I. Ochsner, M.D. *R. Dax Hawkins, M.D.* *David A. Johnson, M.D., PhD.*
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This practice is committed to providing the highest quality of care to our patients. In order to do this, we must maintain excellence in the clinic, as well as in our business office and other areas of the practice. Medical costs continue to rise and reimbursements continue to decline so it is our policy to effectively manage our patient accounts to minimize cost increases which directly impacts you, the patient.

The purpose of this policy is to provide guidelines and specific instructions related to gathering and maintaining accurate patient information, billing for services rendered, and efficient collection activity. Please note, these instructions may be modified periodically to ensure we maintain efficient and appropriate protocols related to the business office functions.

It is the patient's/parent's/guardian's responsibility to be familiar with the benefits of your plan, including co-pays, co-insurance and deductibles. We will file your insurance, but please be aware that payment for services is ultimately your responsibility.

For your convenience, we accept cash, check, VISA®, MasterCard® and Discover Card®

Any payment made by check that does not clear your bank account will result in a \$25.00 returned check fee, which will be added to your account and must be paid before the next visit.

Insurance and Patient Identification

Verification of insurance must be done at each patient visit. Insurance verification will include deductible, co-insurance and co-pay. If we cannot verify your insurance, you will be responsible for all charges at the time of service. We will also request a valid driver's license to verify patient identity and address information.

Refractions

Refraction is the process of determining the eye's refractive error, or need for corrective glasses and/or contact lens. Medicare does not cover the refraction charge. Our refraction charge is \$45 and will be collected at time of service.

Co-pays

In accordance with your insurance contract, you must be prepared to pay your co-pay at each visit. We collect co-pays at check-in.

Self-Pay

If you do not have insurance, or if you elect to have a non-covered procedure, you are responsible for all charges at the time of service. Self-pay patients will be asked to pay \$50 at check-in. If you need a payment plan, we will be happy to meet with you to arrange a payment plan prior to being seen by our clinic.

Patients with balances

If you have a balance on your account, you will be required to pay the balance when making a new appointment or at check-in. If you need a statement printed or an explanation of the charges, we will be happy to accommodate your request; however, all balances must be paid prior to being evaluated by an EAW physician.

Surgery Patients

Any patient who cancels a scheduled, elective surgery without giving more than two (2) business days notice prior to surgery, or does not show up for surgery, will be charged a cancellation fee of \$250.00. Legitimate emergencies will be taken into consideration.

I have read and understand the EAW Patient Payment Policy.

Patient Signature

Date

For office use only:

Chart # _____

Patient Name: _____



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Refraction Policy

1. What is refraction?

Refraction is the process of determining the eye's refractive error, or need for corrective glasses and/or contact lens.

2. Why is it sometimes necessary?

Refraction is sometimes necessary depending on the patient's diagnosis and/or complaints presented that day. For example, if a patient is experiencing blurred vision or a decrease in visual acuity on the eye chart, refraction would be needed to see if this is due to a need for glasses or due to a medical problem. Refraction is also necessary to prove to insurance the need for cataract surgery. We must prove that your vision cannot be simply improved with a glasses prescription. As you can see, refraction is an essential part of an eye exam, however, Medicare and most insurance providers DO NOT cover it.

3. Will I be notified in advance if I need it?

Yes, ONLY a technician or a physician is qualified to tell you if this procedure is necessary. They will let you know if this procedure is necessary BEFORE it is done. You will be given the option to accept or decline this service.

Important: *If you decline, we may not be able to determine the cause for your decrease in vision.*

4. How much is the refraction?

Our office policy is to charge \$45 for this procedure in addition to the office visit co-pay and/or deductible. This is due at the time services are rendered. We will bill your insurance according to the individual contracted fee schedules. If your insurance pays the fee, we will gladly refund you the \$45 amount once we receive notice from your insurance.

Note: This fee is due and payable whether or not you receive a written glasses prescription. Sometimes the change is not significant enough to warrant the cost of purchasing new glasses and a new prescription will not be given. The fee covers the technician and/or physician's time and effort in administering the refraction.

ACKNOWLEDGEMENT

I have read the above information and understand the refraction is a non-covered service. I accept full financial responsibility for the cost of this service. The co-pay and deductible are separate from and not included in the refraction fee.

Patient Signature (parent for minor)

Date