



## Rock Hill Eye Center

### Patient Financial Responsibility

#### **Insurance**

Please bring your insurance cards to every visit. Failure to provide complete insurance information may result in patient responsibility for the entire bill. It is your responsibility to check with your insurance company to be sure we participate with your plan. If we do not participate with your plan, you will be responsible for full payment.

Self-pay patients are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without any insurance card on file with us. Liability cases will also be considered self-pay accounts. It is always the patient's responsibility to know if our office is participating with their plan. If we do not participate with your insurance company, we assume you decided to see us as a self-pay patient.

All co-payments are due at the time of your visit.

#### **Routine vs. Medical**

A routine vision exam is a screening exam that is performed to ensure the health of your eye. It is most frequently requested by patients to determine the need for glasses or contacts. Not all insurances cover screening exams or offer vision benefits. It is your responsibility to know if you have vision benefits and how often it may be available. Vision benefits vary according to your specific plan, you will be responsible for payment if your vision exam is not covered. If during your examination it is discovered that you have a medical issue such as eye allergies, redness, burning, itching, dryness, infection, glaucoma, cataracts, diabetes, headaches, or any other eye related medical issue or complaint we will not be able to treat you under your routine vision policy. We will treat the medical problem and bill the visit under your medical insurance.

#### **Refraction**

Refraction is the process of determining the eye's need for glasses or contact lenses. This is often done by checking your ability to see an eye chart using corrective lenses. Refraction also provides us with important information about the function of your eyes and may alert us to any problems that are related to other visual conditions. Our refraction fee is \$50.00 and generally not covered by medical insurance, including Medicare. Refraction fee is payable at the time of service.

#### **Surgery**

We will provide an estimate of our expected physician fees at your request. You may also receive a bill from other providers or other facilities for some services.

Fees for cosmetic or elective services not covered by insurance must be paid before your presurg appointment or surgery may be cancelled. An estimate of fees will be provided prior to this date and any final fees more than the estimated fees will be billed to you.

#### **After Hours**

After hours calls are for emergencies only and an after hours charge may apply for patients seen outside of our operating hours. Our after hours fee is \$35.00 and generally not covered by insurance.

#### **Additional Charges**

Patients may be responsible for payment of additional administrative charges including but not limited to: returned checks, copying and distribution of medical records, and for DMV forms not completed during your visit.

#### **Contact Fitting**

This fee covers the contact fitting performed by the doctor. This fee is only charged to patients that wear contacts; it is in addition to the services provided during the routine vision exam. Most insurance companies do not cover the contact lens portion of the exam. There are different levels of charges based on several factors and the contact lens technician will explain the fitting charges as they apply. For any questions about contact fitting fees, please contact Optical.

**I certify by signing this statement, I agree that I have read and understand the Patient Financial Responsibility.**

---

**Patient or Responsible Party Signature**

**Date**