TEMAS EYE CENTER
"See The Difference"

Financial Policy

Thank you for choosing Temas Eye Center to serve your eye care needs. We are dedicated to building a successful physician-patient relationship with you. We want you to have clear understanding of our Patient Financial Policy to prevent any misunderstandings. Your payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, and your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.) so that we can help you receive the full benefits due from your insurance company.

Insurance Claims

Please bring your insurance cards to every visit. In order to accurately bill your insurance company we require that you provide accurate and current insurance information including primary and secondary insurance. Failure to provide complete insurance information may result in the patient being responsible for the entire bill. Although we may estimate what your insurance company possibly will pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. 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.

Routine Vision Exam vs. Medical Eye Exam

A Routine Vision Exam is typically considered a 'non-covered' visit by insurers, including Medicare. This type of exam is usually requested by patients who want a routine eye exam or need new eyeglasses. Some insurance plans offer a 'vision benefit'. You will need to contact your insurance company to find out if you have a 'vision benefit' and how often it is available. You will be responsible for payment if your exam is not covered.

A Medical Eye Exam is an exam to evaluate a medical or surgical problem with your eyes. This type of visit can be billed to your medical insurance. There may be limits to the number of Medical Eye Exams you can have per year. Please check with your insurance company. Visits not covered by your insurance will be considered 'Self- Pay', and you will be responsible for these payments. Many times these out-of-pocket payments can be tax deductible, so ask for a receipt and check with your tax professional.

Vision Plans

Please check with your plan to see if we are members of your Vision Plan. If we do not participate, fees are due at the time of service.

Refraction

The eyeglass evaluation (Refraction) determines your need for glasses and is a very necessary part of your eye exam. Most insurance plans, including Medicare, do not cover the cost to evaluate your need for prescription eyeglasses. Since this fee is considered 'non-covered' by insurers, it will be a Self-Pay part of your bill and you will be asked to pay this fee at the time of your visit. This fee ranges from $45.00 to $75.00.

Co-payments

Patients are expected to pay at the time of service, all fees not covered by their insurance company. These amounts include co-payments, co-insurance, and/or deductibles. Payments may be made by cash, check, and/or credit card. A fee of $15.00 will be added if the co-pay is not paid at the time of the service.

Patients without Insurance coverage

Patients without insurance coverage, patients covered by insurance plans in which Temas Eye Center does not participate, or patients without an insurance card on file with us, will be charged as a 'Self-pay' or as an 'out of network provider' and will be responsible for all fees. It is the patient's responsibility to know if our office is participating with their plan. If you come for an office visit and we do not participate with your insurance company, we assume you decided to see us as self-pay or as an out-of-network provider.

Workers' Compensation

In the case of a workers' compensation, you must obtain the claim number, phone number, contact person, name and address of the insurance carrier prior to your visit. If this information is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service.

Minors

A parent (s) or guardian (s) must accompany any minor(s) during the entire office visit in our office. The person who accompanies the minor will receive the bill and is responsible for full payment at the time of service.

Billing

To keep healthcare costs as low as possible, we ask all patient-responsible fees be paid at the time of the visit. As soon as your insurer notifies us they have paid the maximum benefit, a bill for your balance due will be mailed. We do request to receive payment for your balance within 30 days of postmark.

Payment Plans/ Financing

At Temas Eye Center, we believe *vision is the most important sense we have*. Due to Federal Banking Regulations, we are not permitted to offer extended payment arrangements. We want you to be able to afford the eye care you need, so we are pleased to offer payment plans through Care Credit. Payment plans through Care Credit can extend your payments out to 60 months. We also participate with many FSA and HSA plans. You may also be able to finance your balance through your local bank or a low interest credit card. If you pay cash, please ask for a receipt so you will have a record of your payment for tax purposes. If you have any questions about the best way to finance your balance, please talk with our finance specialist.

Outstanding Balances

Your account becomes 'Delinquent' if we have not received payment within (30) days of your bill's postmark date. If your account becomes delinquent and you have not established or met payment options with our billing department, your account will be turned over to collection and credit monitoring agencies as necessary. Outstanding balances must be resolved prior to any non-emergency appointments. If you have a financial hardship, or if you are unable to pay your bill in its entirety, please contact our billing department to discuss payment options. Our staff is always available to listen and help.

Returned Checks

The charge for a returned check is $20.00, payable only by cash or credit card. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

Cancellation Policy

To keep our schedule running smoothly, we ask that you give us at least a 24 hour advance notice to cancel or reschedule an appointment.

When patients miss a scheduled appointment without 24 hours' notice, it takes valuable appointment times away from other patients and reduces our efficiency. Therefore, we must charge a $25.00 fee for each missed appointment after your first missed appointment. We appreciate your understanding.

This financial policy helps the office provide affordable quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us at (336) 659.8180.

Thank you, and let us know if we can be of further assistance.

I certify that the information given by me in applying for payment under my insurance contract is correct. I authorize any holder of my personal information, whether medical or otherwise, to release to any third party payers (including Medicare, and other parties) information needed to process claims for health care benefits. I request that payment of authorized health care benefits be paid and I assign the benefits payable for physician services to the physician or organization furnishing the services. I authorize such physician or organization to submit a claim to my health insurance carrier or any other third party payer including Medicare on my behalf. I request payment of benefits under Title XVIII (Medicare) of the Social Security Act, to Temas Eye Center. I understand that I am financially responsible for charges not covered by the insurance company, and I hereby guarantee timely payment in full of any such charges.

By signing below, you are acknowledging that you have read and fully understand our Financial Policy.

Patient Signature (or Legal Guardian): _____ **Date:** _____