

BOTWIN EYE GROUP



POLICIES AND PROCEDURES

I understand that while my medical insurance may confirm benefits, confirmation of benefits does not mean that the insurance company will pay the doctor, and that I am responsible for any unpaid balance.

I understand and agree it is my responsibility to know if my insurance has any deductible, co-payment, coinsurance, prior authorization requirements or any other type of benefit limitation for the service I receive and I agree to make full payment. Our staff will try to assist you if you have concerns.

Most Medicare Secondary plans receive the secondary claim directly from Medicare, it is your responsibility to inform the front desk and to provide them with your secondary insurance card.

We strive to provide excellent, cost-effective eye care in an ever-changing health care environment. We are happy to discuss any questions you have about these policies.

MEDICAL INSURANCE VS VISION CARE PLANS

Medical Insurance — When a medical condition or diagnosis is present such as cataracts, glaucoma, high blood pressure, diabetes, or any other condition related to the health of the eye, it is necessary for the doctor to provide you with a comprehensive ocular health exam. In this case, we will file a claim to your major medical insurance carrier. Most carriers will pay a portion of some diagnostic tests needed to determine, diagnose, and treat medical conditions related to your ocular health.

Vision Care Plans — Vision coverage through most vision plans is mainly designed to determine the prescription for glasses or contact lenses ONLY. This does not include a detailed examination of the health of the eye or any diagnostic tests needed to determine medical conditions.

As per page 1.8 of the VSP Manual, VSP is considered SECONDARY to any and all medical insurances, including but not limited to Medicare, BCBS, Lovelace, Cigna, Aetna, Tricare, Presbyterian, Lovelace, Humana, Principal, etc. As such, if you have diabetes, cataracts, macular degeneration, use medications that have potential ocular side effects, glaucoma, or any other medically related eye condition, your medical insurance is PRIMARY, while your vision plan is SECONDARY. Under no circumstances does VSP cover any form of exam requiring medical treatment of the eye or a prescription for medication.

Co-payments and Deductibles — Co-payments will be collected at the time of service. If you have not met your deductible, we will collect the entire cost of the visit. Because each insurance has different allowable amounts per type of office visit, we will estimate what your insurance will allow and collect that amount. If we overestimate, we will apply that amount toward your next visit, or write you a refund check after all insurance has cleared. If we underestimate, you will be billed for the balance. We accept checks, cash, and most major credit cards.

Optometric Physicians

DR. MARK A. BOTWIN
DR. JONATHAN D. BOTWIN

505.954.4442

www.BotwinEyeGroup.com

Refractions — Refraction is a procedure incorporated into an ocular exam used to determine your best possible vision, and if applicable your eyeglass prescription. It is considered to be a “non-covered” service by Medicare, secondary supplemental insurances and most major medical commercial insurance companies. You are asked to pay the refraction fee at the time of service whether or not a new prescription is written.

MEDICAL RECORDS

The charge for record transfer or medical record copies is \$25.00. There is a \$10.00 charge to print year-end financial summaries. We issue receipts at each visit to help you avoid this charge.

I certify that I, and/or my dependent(s), have medical insurance coverage and/or vision coverage. I assign directly to Botwin Eye Group, all insurance benefits, if any, for services rendered. I authorize the use of my signature on all claims submitted to the insurance company(ies) I have listed above. Botwin Eye Group may use my healthcare information and may disclose such information to the above-named insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits.

Payment in full for services and products are due at the time services are rendered or ordered. I understand and agree that, regardless of my insurance status, I am totally responsible for any balance on my account for professional services rendered. I understand that my insurance carrier may pay less than the actual bill for services. I agree to be held responsible for the payment of all services rendered on my behalf or my dependents. If any amount due for services or products is not paid within sixty (60) days of initial charge, the responsible party agrees to pay all costs for collecting or attempting to collect payment of the amount due.

- I may request a copy of the Botwin Eye Group HIPPA “Notice of Privacy Practices” although it is displayed in the office.
- I am financially responsible for all charges incurred today.
- I am financially responsible for any charges that my insurance or vision plan does not pay, including, but not limited to, any deductibles, co-pays, and/or services not covered by my insurance or vision plan.
- It is my responsibility to know what my medical insurance and vision plan coverage is.
- Professional fees (exam fees) and optical materials are **NOT REFUNDABLE**
- The information I have provided is accurate to the best of my knowledge.

By signing below I affirm that I have read, received and understand the policies of Botwin Eye Group.

PRINTED PATIENT NAME (and guardian name if applicable) **DATE**

SIGNATURE (guardian signature if applicable) **DATE**

Our office does not make the rules. They are determined by your specific medical insurance or vision plan.

The doctors and staff of Botwin Eye Group sincerely appreciate your compliance with these policies.