



## Office and Financial Policies

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### **Cancellation/No Show Fees**

Due to the time that we devote to each of our patients, we do require 24 business hours notice for any cancellations. These fees are not covered by your insurance and will be billed directly to the patient.

**Office Visits:** There is a fee of **\$50** (or the equivalent of your co-payment) for all appointments cancelled within less than 24 business hours of the scheduled appointment time.

**Surgical Procedures:** If you need to cancel, postpone, or reschedule your surgical procedure it is required that you provide the office at least one week's notice to avoid a fee of **\$150** (or the equivalent of your co-payment).

### **Insurance Rules**

Prior to arriving to your appointment(s), we recommend that you verify with your insurance company that your physician is contracted as a preferred "in-network" provider. Eye Institute of Marin physicians are not contracted with all insurance companies therefore our physicians, office staff, and billing company cannot guarantee payment from your insurance.

Eye Institute of Marin understands that healthcare is a complex system and reimbursement is divided into several different parts. We would like to make every effort to work with you regarding any questions you may have surrounding the services you receive; however, there may be services that your insurance company does not cover and we will be unable to re-bill or re-code for those services.

Please advise the office if any insurance or personal information has changed. Any balance that your insurance company does not cover you will be responsible for. It is the patient's responsibility to inform the receptionist of any insurance changes and present insurance card(s) at the time of the appointment to insure that our staff can note your chart accordingly.

### **Co-payment/Payments**

Co-pays are due at the time of appointment. We ask that our cash paying patients be prepared to make a payment at the time of service.

I authorize and request my insurance company to pay directly to Eye Institute of Marin the amount(s) due on my claim for services provided to me or my dependents.

understand that information on my care will be released to my insurance company as part of the billing process. I understand I have the right to refuse to release this information; however, my refusal may result in the inability to bill my insurance company. I further agree that should the amount be insufficient to cover the entire medical and surgery expense or be transferred to my deductible, I will be responsible for payment of the difference, and if the nature of the service be such that it is not covered by my insurance policy, I will be responsible to Eye Institute of Marin for payment of the entire bill.

### **INFORMATION REGARDING DILATING EYE DROPS**

Dilating drops are used to dilate or enlarge the pupils of the eye to allow the ophthalmologist/optometrist to better examine the small structures inside of your eye.

Dilating drops frequently blur the vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for your doctor to predict how much your vision will be affected. Because driving may be difficult immediately after an examination, it's best if you make arrangements not to drive yourself. If you do not have sunglasses with you, please ask our staff for a disposable pair.

Adverse reaction, such as acute angle-closure glaucoma, may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention.

### **REFRACTION SERVICE AND/OR CONTACT LENS FITTING FEE**

Refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary to write a prescription for glasses and/or contact lenses.

Most medical insurance plans, including Medicare, do NOT cover refractions or routine eye examinations (when no medical eye problem is known or suspected). Medicare allows that eye care providers charge separately for that portion of the examination, since refraction is not a non-covered benefit.

If you have a separate vision plan that covers routine or annual eye examinations, glasses, and/or contact lens fittings, please let us know. Your vision plan may assist you with your eye care needs that are not covered by your medical plan.

Our office fee for refraction is \$60.00 and this fee is collected at the time of service in addition to any co-payment our plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly. Contact lens fitting services range from \$88.00 to \$530.00 depending on the complexity of the fitting, and are non-refundable. The supply of the contact lenses is separate from this fee.

If you have any questions regarding Medicare or other insurance policies and procedures, please do not hesitate to ask. We will do our best to assist you.

### **Patient Acknowledgement**

I have read the above information and understand that the refraction is usually a non-covered service. I accept full financial responsibility for the cost of this service and understand it is due at the time of service. I understand that any co-payment, coinsurance, or deductible I may have are separate from and not included in the refraction fee. I hereby authorize Dr. Najafi-Tagol and/or such assistants as may be designated by her to administer dilating eye drops. The eye drops are necessary to diagnose my condition.

### **Abusive Behavior**

Eye Institute of Marin and our office staff work very hard to provide superior healthcare. Abusive behavior of any kind will not be tolerated and are grounds for immediate dismissal.

### **Patient Statement**

I understand and agree to follow the office and financial policies of Eye Institute of Marin and any violation of these terms is subject to referral to a collection agency and/or immediate dismissal. I have read and understand all of the information above.