

### ***Insurance Submission Policies***

We will bill insurance claims to primary carriers as a courtesy to our patients. It is your responsibility to provide us with the most current insurance information prior to the examination. You must also have a referral, when required, before being seen by our office. Payments in full will be required if the necessary referral was not obtained. Payment of co pays, deductibles, and non-covered services are due at the time of the visit.

Your insurance policy is a contract between you and the company you have chosen; therefore, it is your responsibility to know what your benefits are. We will attempt to verify benefits before or at the time of service. However, all insurance companies have a disclaimer that the information / authorization may not be accurate and is subject to review at the time the claim is processed. You will be billed in the event that your insurance plan denies a claim. If, for some reason, we are unable to verify coverage of a particular service under your insurance plan, you will be responsible for full payment at the time of service. If we receive payment from your insurance company for such service we will reimburse you in a timely manner. All fees are ultimately your responsibility.

### ***Refraction Fees for Medicare and Commercial Insurance Patients***

Refraction is the process by which your doctor determines the lens combination that enables you to see the best. It also provides information about your eye muscle balance, focusing strength and ability. The refraction is **not** covered under the Medicare program even though it is one of the most frequent and important tests performed by the doctor. Under Medicare and most Commercial Insurance programs, the beneficiary is responsible for paying this fee. Our fee for this service is \$39.00, which we will collect at the time of service for all patients. If we receive payment for the refraction from your insurance company, our office will reimburse you in a timely manner.

### ***Collection and Returned Check Policy***

All delinquent accounts will be sent past due and final notices. If there is no response to our notices in 10 days, you will be referred to a collection agency. If your account is referred to a collection agency, you will be assessed a 30% administrative fee in addition to your outstanding balance. There is \$30.00 service charge on all returned checks. Accounts that do not resolve a returned check issue within 14 days of notification will be sent to a collection agency and assessed a 30% administrative fee in addition to the \$30.00 service fee.

### ***HIPAA Privacy Acknowledgement***

By signing this receipt of Notice of Privacy Practices, I acknowledge that I have read a copy of the Notice of Privacy Practices on the date identified below. I understand that The Eyexam Group--Watchung may use and disclose personal health information (for example; my name, address, subscriber identification number, eye exam information and/or type of products provided) to another party to permit its administrative duties, provide me with eye care services and products, process my vision benefits claims and communicate with me regarding submit my vision benefits claims to my plan sponsor or health insurance company to receive reimbursement directly for services I have received.

I acknowledge that certain information (specifically: my name, address, telephone number, email address and next appointment date and time) may be shared with LensCrafters and other parties as part of an examination reminder service to compare mailing lists in order to avoid duplicate mailings of coupons and service or product information.

Please sign below that you have read and understand the above statements.