



Signature on File, Assignment of Benefits, Financial Agreement, Financial Policy

1. **MEDICARE:** I request that payment of authorized Medicare benefits be made on my behalf to Short Hills Ophthalmology, for services furnished me by Short Hills Ophthalmology. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration) and its agents any information needed to determine these benefits or the benefits payable for related services. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If other health insurance is indicated in Item 9 of the CMS-1500 form or elsewhere on other approved claim forms, my signature authorizes releasing the information to the insurer or agency shown. Short Hills Ophthalmology accepts the charge determination of the Medicare carrier as the full charge, and I am responsible only for the deductible, coinsurance and noncovered services. Coinsurance and deductible are based upon the charge determination of the Medicare Carrier.

2. **MEDIGAP:** I understand that if a MediGap policy or other health insurance is indicated in Item 9 of the CMS-1500 form or elsewhere on other approved claim forms, my signature authorizes release of the information to the insurer or agency shown. I request that payment of authorized secondary insurance benefits be made on my behalf to Short Hills Ophthalmology, if possible or otherwise to me.

3. **RELEASE OF INFORMATION:** Short Hills Ophthalmology may disclose all or any part of my medical record and/or financial ledger, including information regarding alcohol or drug abuse, psychiatric illness, communicable disease, or HIV, to any person or corporation (1) which is or may be liable or under contract to Short Hills Ophthalmology for reimbursement for services rendered, and (2) any health care provider for continued patient care. Short Hills Ophthalmology may also disclose on an anonymous basis any information concerning my case, which is necessary or appropriate for the advancement of medical science, medical education, medical research, for the collection of statistical data or pursuant to State or Federal law, statute or regulation. A copy of this authorization may be used in place of the original.

4. **OTHER INSURANCE:** I understand that Short Hills Ophthalmology maintains a list of health care service plans with which it contracts. A list of such plans is available from the business office and that Short Hills Ophthalmology has no contract, expressed or implied, with any plan that does not appear on the list. The undersigned agrees that I am individually obligated to pay the full charges of all services rendered to me by Short Hills Ophthalmology if I belong to a plan that does not appear on the above mentioned list.

5. **NON-COVERED SERVICES:** I understand that Short Hills Ophthalmology's contracts with health care service plans (i.e., HMOs, PPOs) relate only to items and services which are covered by the health care service plans. Accordingly, the undersigned accepts full financial responsibility for all items or services, which are determined by the health care service plans not to be covered. Examples of non-covered services include, but are not limited to, services not specified as being covered in the patient's contract with a health care service plan or in the benefit summary the health care service plan furnishes to the patient and treatment or tests not authorized by the health care service plan. The undersigned agrees to

cooperate with Short Hills Ophthalmology to obtain necessary health care service plan authorizations.

5A. **REFRACTION** - A refraction is a diagnostic test to determine your best corrected vision. This test is performed on your first visit with us, your annual visit, after Cataract Surgery and anytime your vision decreases significantly. A refraction is a vital test to the care of your eyes because it allows for assessment of your current eye health and the detection of eye diseases. We may provide you with a prescription to update your glasses or it may be medically necessary by your insurance to determine if you qualify for certain eye procedures such as, cataract or laser eye surgery. Even though this is a vital test to the care of your eyes, a refraction is a non-covered service through Medicare, and most insurance plans. Unfortunately, they do not differentiate between "medical refractions" and refractions performed solely for the purpose of providing glasses. We are required to charge for this service regardless of whether insurance will pay.

6. **FINANCIAL AGREEMENT:** I agree that in return for the services provided to the patient by Short Hills Ophthalmology, I will pay my account at the time service is rendered or will make financial arrangements satisfactory to Short Hills Ophthalmology for payment. If an account is sent to an attorney for collection, I agree to pay collection expenses and reasonable attorney's fees as established by the court and not by a jury in any court action. I understand and agree that if my account is delinquent, I may be charged a late fee. Any benefits of any type under any policy of insurance insuring the patient, or any other party liable to the patient, is hereby assigned to Short Hills Ophthalmology. If copayments and/or deductibles are designated by my insurance company or health plan, I agree to pay them to Short Hills Ophthalmology. However, it is understood that the undersigned and/or the patient are primarily responsible for the payment of my bill. Balances are due within 30 days of receipt of statement. Any statement balance not paid within 30 days will receive a \$5 late fee for each month it is not paid. Once your account goes 120 days past due, it will be forwarded to our collection agency/lawyers and you will be responsible for the 50% collection fee.

7. **ASSIGNMENT OF BENEFITS:** I request that payment of authorized Medicare/other insurance company benefits be made on my behalf to Short Hills Ophthalmology Group, for any services furnished to me by that party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply.

Financial Policy

We are dedicated to providing the best possible care and service, and regard the understanding of our financial policies as an essential element of care and treatment. To assist, we present the following financial policy. If you have any questions, please do not hesitate to discuss them with any member of our staff.

INSURANCE COVERAGE

It is your responsibility to provide our office with accurate information for billing your health plan properly at the time of service. It is also your responsibility to know whether your visit with us is covered by your health plan fully, partially or not at all, and whether your plan requires a referral from your primary physician before your visit. **For example, you may be covered under your primary healthcare plan for additional vision care services under a different carrier. It is your responsibility to know whether you have this separate coverage.** If at the time of service you only notify us of your primary healthcare plan and later make us aware of additional coverage under another vision plan, you will be responsible for any and all charges. We will gladly provide you with an itemized statement to submit to your insurance company for re-imbusement. Information of this type is 100% accurate only if you

obtain it directly from your health plan; not from our office staff. **In the event you do not confirm this information and the insurer refuses full or partial payment, you will be held personally responsible for the cost of the services provided.**

ROUTINE AND MEDICAL EYE EXAMS

Our office participates with certain vision plans for "routine eye exams." A routine eye exam is, by definition, a "regular check-up" for someone with no eye problems. If the doctor detects any medical condition, (dry eyes, floaters etc.) the examination becomes a medical eye examination and will be submitted to your medical insurance. If your insurance plan requires a referral, you will need to obtain one for the medical eye examination. Due to insurance company regulations, routine and medical exams may not be performed on the same day. If you desire only the routine portion of the examination on your visit, the doctor may ask you to return another day for a medical eye examination. Please note that some insurance plans consider a routine eye exam to be a non-covered service. Vision Plan Patients: I have read and understand the above routine eye care policy.

SPECTACLE AND CONTACT LENS EXAMS

Examinations for spectacles and contact lenses are SEPARATE exams. If you require both exams on your visit, you will be charged a fee for your contact lens evaluation. The cost of the contact lens exam is payable at the time of service. You may have a vision plan which covers the contact lens exam fee, but it is then deducted from your materials benefit (for glasses or contact lenses). Also, if you decide to use your materials benefit elsewhere, your contact lens exam will NOT be covered. To avoid confusion and future billing issues, it is our office policy to accept payment for the contact lens exam at the time of your visit so you can apply your materials benefit to glasses and/or contact lenses.

AMOUNTS DUE FROM THE PATIENT

We gladly accept cash, personal checks, Care Credit, and most major credit cards. **Insurance co-payments, deductibles and co-insurance will be collected at the time of service**, if real time eligibility and cost estimation is available from your insurance company. If we do not participate with your insurance plan, you are to provide payment in full at the time of service. We shall provide you with a statement of services and a receipt for amounts paid which you may submit to your insurer. The insurer is then responsible for reimbursing you.

AMOUNTS DETERMINED "NOT COVERED"

In the event a health plan determines a service of ours to be "not covered," you will then be responsible for the complete charge. An important example of this is our charge for checking eyes for changes in eye glasses prescription and/or contact lens prescription (a procedure called refraction). We charge for this service, and many insurers, including Medicare, deem this service "not covered." If we check your eyes for a change in glasses, you may be personally responsible for this charge. **If you do not desire a refraction, please inform our office staff. Please note that most insurance plans consider a routine eye exam to be a non-covered service.**

MISSED APPOINTMENTS

We strive to be available to those who need our services as quickly as possible. Missed appointments limit our availability to patients. **Patients who cancel appointments with less than 24 hours notice may be subject to a \$25 cancellation fee. This charge will be automatically charged to your credit card on file.** Those patients who repeatedly miss appointments without 24 hours notice may be asked to make other arrangements for their eye care.

I have read and understand the financial policies of Short Hills Ophthalmology and also understand that Short Hills Ophthalmology reserves the right to change any and all fees at any time.