

# SCARSDALE OPHTHALMOLOGY ASSOCIATES PLLC

## FINANCIAL POLICY 2019

Thank you for choosing SCARSDALE OPHTHALMOLOGY ASSOCIATES PLLC for your ophthalmological care. We are dedicated to providing you with the best possible care and we have developed this policy in response to the increasingly confusing and complex healthcare system.

It is important for you to understand that your insurance plan constitutes an agreement between yourself and your insurance company and not between SCARSDALE OPHTHALMOLOGY ASSOCIATES PLLC and your insurance company. Therefore, it is your responsibility to understand and meet the requirements of your plan. It is also important that you bring your insurance card to each visit and that you notify us as soon as possible of any change in coverage. Failure to notify the office of a change in coverage may result in charges for services becoming your responsibility regardless of whether or not we participate in your insurance plan.

All payments are due at the time of service unless arrangements have been made in advance with our billing manager. We accept cash, check, money orders and credit cards.

**INSURANCE:** You are responsible for any co-insurance, deductibles and any non-covered services such as required by your insurance. You will receive a statement from our office indicating what your insurance has paid. Any remaining balance is due upon receipt of this statement.

**REFRACTION:** A refraction is the procedure that is done in order to generate an eyeglass prescription. Most insurance companies do not pay for this procedure. If applicable, there will be a **\$75** charge payable **at the time of visit** for this procedure.

**CO-PAYS:** Your insurance company requires that co-payments be collected at the time of service. The co-pay requirement cannot be waived by our practice as it is a requirement placed by your insurance carrier. Please note: some insurance companies e.g., Empire Blue Cross MediBlue, GHI, NYS Empire Plan, will take an additional co-pay for any diagnostic testing performed during the office visit.

**REFERRALS:** Some insurance plans require a referral from your primary care doctor before specialty services are rendered. **It is your responsibility to obtain the referral and to make sure that our office has received it prior to your visit or you must reschedule your appointment.**  
The cost of any services received without a referral or proper authorization will be your responsibility.

**MEDICARE:** We accept assignment on Medicare claims. If you have Medicare and do not have secondary coverage, you will be required to pay your 20% co-insurance (and deductible if applicable) upon receipt of statement.

**NO INSURANCE:** Payment is due at the time of service. Payment questions and issues should be discussed prior to the visit with the billing manager.

**MISSED APPOINTMENTS:** Without prior notification to your scheduled appointment time, a **\$50 No Show Fee** will be assessed.

**MEDICAL RECORDS:** We will provide you with a copy of your medical records upon request. You will be asked to sign a release form. Please allow 30 days for us to copy your records. If you wish for us to mail your records, there may be an associated fee to cover the mailing costs. Additional copies for medical records may be obtained, but there is a per page charge.

I have read and understand the financial policy of SCARSDALE OPHTHALMOLOGY ASSOCIATES PLLC. My questions have been answered and I agree to abide by the policy.

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Signature

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Date