



4102 Ogletown-Stanton Road • Suite 1 • Newark, DE 19713
(302) 454-8800 • Accounts Receivable (302) 454-8803
Monday – Thursday 8:00 am – 4:30 pm • Friday 8:00 am – 3:00 pm

Office and Financial Policy

Thank you for choosing Eye Care of Delaware, LLC and our physicians to manage your medical eye care needs. We are a medical/surgical practice and specialize in diseases of the eye. We strive to handle your visit as efficiently as possible. Your appointment may be longer than you anticipated, because our goal is to take care of your eye care needs while you are here. We can schedule separate visits for testing, if you prefer. We also treat all medical eye emergencies, which may cause a delay of your scheduled appointment.

The policy of the Practice is to provide high quality medical care in a cost-effective manner. Our professional fees have been determined through careful consideration, in addition to being reasonable and customary within our geographic area. We are pleased to discuss with you any questions you may have concerning a bill. As a courtesy to our patients, we accept multiple forms of payment, including Care Credit. The following are our Practice's Policies.

Office Policy:

The patient has the right to obtain from the physician complete and current information concerning diagnosis, treatment, and prognosis in terms that the patient can be reasonably expected to understand.

- The patient has the right to privacy concerning his/her own medical care program.
- The patient has the right to receive considerate and respectful care in a safe setting.
- The patient has the right to examine and receive an explanation of his/her bill.
- The patient has the right that all disclosures and records pertaining to his/her care, will be treated as confidential and patients are given the opportunity to approve or refuse their release, except when release is required by law. The Practice operates in accordance with State and Federal records retention laws, and maintains records for seven years following the last encounter before destruction.
- If you are picking up information from our office, please be prepared to show identification. If you would like someone else to pick up something on your behalf, please arrange for prior authorization.
- Requests for records take 72 hours to prepare. We reserve the right to take up to 30 days, if necessary, to prepare medical records. Delaware Law authorizes our office to charge for medical records copying. All requests for medical records must be done in writing with an authorized signature.
- Please allow up to 72 business hours to process requests for medication refills. We utilize electronic prescribing.
- We consider you a patient once you have received care from one of the Eye Care of Delaware physicians. If it has been three or more years since your last visit, you are not considered to be an active patient.
- If you have someone who can translate confidential, medical and financial information to you, please make arrangements to have them accompany you on the day of your procedure. If you need a translator, please let us know prior and one will be provided. We utilize a web-based language service.

Payment in full is due at the time that services are rendered:

- Co-pays and co-insurance amounts, deductibles, and all non-covered items and charges are the insured/patient's financial responsibility and are due during the check-in/out process. Failure to produce payment at check-in may result in your appointment being rescheduled.
- All CO-PAYMENTS are collected upon check-in.
- Co-insurances due may be estimated amounts. Any overpayment will be refunded upon claim adjudication and outstanding balances will be billed to the patients.
- If you receive more than one type of service on the same day, you may be responsible for multiple co-payments.
- If you see two different providers during the same day, you may be responsible for multiple co-payments. This office has providers outside of the Eye Care of Delaware that see patients and will collect their respective co-pays/insurance due.
- Any amount not covered by the insured/patient's insurance is due within 30 days of the time of service.
- Any outstanding balance may incur a \$10 monthly statement processing fee, in addition to the initial balance.
- As a courtesy to our patients, we gladly accept cash, check, money order, Visa, MasterCard, Discover, or American Express.
- Failure to pay balances may result in discharge from the Practice.
- All returned checks fees will become the patient's responsibility, along with a processing fee.

Insurance:

- It is the patient's responsibility to verify that the physician is currently under contract with your insurance plan and that you have obtained all necessary referrals before your scheduled appointment. Failure to obtain a correct referral may result in patient's liability for all charges.
- Please inform the receptionist of any demographic changes. Failure to notify us immediately of changes in demographic information, financial status and/or insurance coverage may result in patient liability for any services not covered by your insurance carrier.
- We accept insurance information provided in good faith that it is accurate and true. If after insurance adjudication it is identified that the patient has other coverage or that insurance is no longer in effect, the patient will be responsible for payment of the service.
- Your insurance coverage and benefits are a contract between you and your insurance company and, therefore, all disputes must be handled between you and your insurance company.
- We are contracted with multiple insurers to accept assignment of benefits.
- If you have insurance coverage under a plan with which we do not have a contract, you will be treated as a *private pay* patient. Additionally, out of network benefits will be utilized, if possible.
- Verification of insurance benefits require a minimum of 72 hour notice, we DO NOT guarantee coverage and benefits.
- We are required to file with your primary insurance carrier only. We will submit a claim with secondary payers. It is the patient's responsibility to file with any tertiary payers.
- Refractive procedures are considered elective procedures; we do not submit claims for those procedures.

Private-Pay patients:

- We will give you an estimate of what will be due at the time of service and payment for services is due in full at the time of service.
- We will not bill insurance after the fact for private pay patients. If you elect not to have your insurance billed, the patient will sign a do not bill waiver, and you will be treated as a private pay patient. Failure to sign this waiver may result in cancellation of your appointment.
- Payment is due at the time of service, estimates will be collected at time of check-in and any additional treatment charges will be collected at check-out.

Medicare/Medicaid patients:

- Please make sure you have a full understanding of your benefits and what might be your responsibility, if not covered by your insurance plan.
- Medicare requires that we provide patients with a written notification, whenever it is likely that you will be responsible for a bill.
- We are not a Medicare Part A facility; the patient is responsible to be aware of those benefits. We are a Medicare Part B provider. Medicare covers services at 80% of the cost of that service. Patients are responsible to pay for the remaining 20% at time of service. We will collect deductibles.
- Patients who present a Medicare Card, but after claim adjudication, it is recognized that patient does not have traditional Medicare; the patient may be liable for those expenses.
- The patient is responsible to report correct insurance information, to include updates.

Collections and outstanding balances:

- The provider reserves the right to add a \$10 monthly statement processing fee on any account that has an unpaid balance.
- Any outstanding balance after 60 days of the date of service may be referred to either a collection agency or processed for civil action. Those accounts will be subject to collection agency or attorney collection fee of 25% and/or court costs, which will be added to the total balance due.
- Patients with delinquent accounts may be discharged from our Practice.

Minor patients:

- The parent(s) or guardian(s) accompanying a minor are responsible for providing current insurance information for the minor, as well as the payment in full for services provided.
- Parent(s) or guardian(s) must sign an Authorization for Medical Treatment form each time a minor arrives for an appointment accompanied by another adult other than their parent(s) or guardian(s).
- In compliance with HIPAA regulations, we are unable to discuss any details of services rendered or to produce an itemized bill for any parties that are not the patient, unless otherwise documented.
- Both parents/legal guardian(s) are responsible for payment for services rendered to the minor patient.

Additional paperwork:

- The Practice has the right to charge a minimal fee to fill out paperwork (\$5 or \$10 charge, depending on the length of the paperwork).
- A minimum 72 hour notice is required for all paperwork.

Payment plans:

- Our office will be happy to work with you in order to pay any balance due to our Practice.
- Please contact our Billing Department to work out a payment plan, if needed.
- Please allow 5 mail days for each payment to be received by our Practice.

Refunds:

- Refunds are issued to the appropriate party.
- Patient refunds will not be processed until all active or past due charges are paid in full.
- Refunds less than \$10.00 will not be issued unless requested, and will be credited to your account for future visits.