



## OFFICE POLICIES

Welcome to *Carolina Eye Specialists*. Our mission is to provide high quality ophthalmic care in a compassionate, courteous, and professional manner. We look forward to providing your complete eye care needs.

**Office Hours:** Our office hours are Monday through Friday from 8:30 am to 5:00 pm. After hours you may call our office and our answering machine will let you leave a message or **in case of an emergency** direct you to call Dr. Abraham's pager.

**Patient Information:** It is your responsibility to notify us immediately of any change in your name, address, telephone number(s), or health insurance plan. It is crucial that we have a way to contact you to confirm appointments and to notify you of any health problems that we may diagnose.

**Cancellation and No Show Policy:** In respect for our staff and for other patients, we ask that you contact us as soon as possible and at least 24 hours in advance if you must cancel a scheduled office visit. If you fail to call in advance and do not show for your appointment, it will be counted as a "no show." 1<sup>st</sup> *No Show*: The patient will receive a phone call informing that a scheduled appointment has been missed without notifying our office. 2<sup>nd</sup> *No Show*: The patient will receive a letter informing that a scheduled appointment has been missed and their account has been flagged and that another missed appointment will result in dismissal from the practice. The 3<sup>rd</sup> *No Show*: We will no longer be able to serve you.

### **Health Insurance:**

*Authorization, Co-Payment and Deductible Payments:* If you are a member of a managed care organization, it is your responsibility to obtain an authorization from your primary care physician *prior to your visit*. Failure to do so will significantly delay your visit or may necessitate rescheduling your appointment. Because insurance companies usually refuse to issue a retroactive authorization for office visits, Dr. Abraham will be unable to see you unless we have an authorization or you are willing to accept full responsibility for the entire cost of the services rendered. Payment of all co-pays and deductible amounts (when applicable) are required at the time of your visit.

*Insurance companies with whom we have a contract:* We will file your insurance for you. In return, you or your guardian agrees to assign any insurance benefits payable to Carolina Eye Specialists. *Delay in insurance payment:* If your insurance company does not pay your claim within 45 days after submission, we may forward the bill to you and ask for your assistance in getting the claim paid.

Insurance companies with whom we do not have a contract: As a courtesy, we will file your insurance claim for you. In return, we expect payment in full at the time of your visit for services rendered. If your insurance policy does not offer out-of-network benefits, we offer a discount off our regular fee schedule.

**Financial Policy:** Payment is required upon check-in. If there is a balance on your account, payment is required prior to being seen again. It is your or your guardian's responsibility to notify our office of any referral authorizations, pre-admission certification and/or second opinion requirements of your insurance company at the time of scheduling office appointments, hospital admissions or surgery. If our office is not notified in advance of these requirements, this document acts as a waiver, and you or your guardian agrees to be responsible for payment of services rendered.

**Charge for Copying Medical Records:** There will not be a charge for copying records for another physician's office, hospital or health insurance company. Otherwise, a fee will be assessed for processing and postage, and a signed HIPAA release of medical records form will be released.

**Payment:** We gladly accept cash, checks, debit cards and credit cards (Visa and Mastercard only). Please note that we must verify funds in your account for all checks in a substantial amount.

Returned checks: If your check is returned for any reason, a \$35.00 returned check fee will be assessed, and we will no longer be able to accept checks from you. You will be required to rectify any payments due before your next appointment.

Self pay: As a courtesy to our self pay patients, we offer a discount off our regular fee schedule, which is comparable to the reimbursement we receive from insurance companies. In return, we expect payment in full at the time of your office visit. Surgeries require payment at the time of your pre-op visit.

Collection policy: Unless payment arrangements have been made, all "patient due" accounts (once your insurance company has paid its portion of the claim, or from the time of service for self pay patients and patients with insurance companies that we do not participate with) over ninety (90) days old will be turned over to a licensed debt collection agency. In addition to being liable for your outstanding balance, any additional court costs and attorney fees that are required to collect your outstanding balance will be charged to you.

*PLEASE FEEL FREE TO KEEP THIS COPY FOR YOUR RECORDS.*