



4637 Hedgcoxe Road  
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# PATIENT FINANCIAL RESPONSIBILITIES

Rosemore Eye Care is dedicated to serving our patients with the highest quality of care. We ask that you help keep our fees at a competitive level by observing the following financial policy. We encourage open discussion of services and fees prior to treatment. It is, ultimately, your responsibility to see that all charges are paid. Please feel free to call our office if you have any questions about your responsibilities or our policies.

Since insurance plans vary, we recommend that you be familiar with your plan benefits as they relate to deductibles, co-pays, non-allowed charges, and pre-certification. Your insurance coverage represents a contract between you and your insurance carrier. If you have an insurance policy that requires pre-authorization or referrals for any services or office visits, then it is your responsibility to obtain it in advance. You will be responsible for services rendered that are outside the scope of any referral issued by your insurance carrier. You are expected to be aware of any and all conditions of your insurance coverage. If you need any help, our staff will be happy to assist you through the process. On your insurance card there will be a telephone number, which is the number that you should call for pre-approvals or information on deductibles, co-pays, and pre-certification. You can also use this number to find out what your insurance company allowable is for the proposed treatment. If you have any questions about the requirements of your coverage, please contact your employer or insurance carrier. We cannot interpret policies for you. Please provide us with information on any secondary insurance coverage that you may have, as they may cover your portion of the bill that was not covered by your primary insurance.

If your insurance company has denied coverage for the services rendered, it becomes your responsibility to try to overturn the decision, otherwise, the responsibility for payment becomes entirely yours. We will provide you with the information necessary for you to request a review of a denied claim or to follow up on disputed claims. It is your responsibility to follow up on any outstanding claims and to see that your carrier pays promptly. Claims status does not relieve you of your responsibility to pay your bill. Be aware that for some insurance carriers, granting authorization for treatment does not mean that they will actually pay for it. Denial of payment after pre-approval or authorization will make you responsible for the charges.

An increasing number of physicians' offices require full payment at the time of service and the patient is responsible for securing reimbursement from their insurance company. However, filing claims with and accepting benefits assignment from your insurance company is a courtesy to patients provided by Rosemore Eye Care. Because we choose to help make it easier for patients by filing for insurance payments the result is that our doctors often wait 45 days or more for payment.

It is your responsibility to make sure that we are an "in-network" provider for your plan. If we are "out-of-network" for your insurance company you are responsible for payment for all services rendered at our usual and customary rates in full at the time of service. We will provide you with any necessary paperwork you will need to file the claim on your own with your insurance company for reimbursement.

## **ROSEMORE EYE CARE PAYMENT POLICY**

In today's digital age we are usually able to contact your carrier to determine your "real time" deductible met reflecting the most recent claims other providers have submitted to your insurance carrier prior to your date of service for an estimated patient financial responsibility for services rendered; this estimate includes your co-pay, co-insurance, and deductibles.

## **CO-INSURANCE AND CO-PAYMENT**

Co-insurance is an insurance policy provision under which the insurer and the insured share costs incurred after the deductible is met, according to a specific formula. More generally, it is the sharing of risk between



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the insurer and the insured; and it is the part of your bill, in addition to a co-pay, that you must pay. Typically the insurance will pay 80% of the allowable amount, and the insured member is responsible for the other 20%. The co-payment is a pre-set fee determined by your health insurance policy and is the contractual amount you must pay each time you visit the doctor. **Your co-insurance and/or co-payment are due at the time of your visit.**

## DEDUCTIBLE

The deductible is a contractual amount you MUST PAY, every year, for your medical bills, in addition to your co-payment, before the insurance company will begin paying benefits. The amount is applied to the first claims that are received during the year, and the patient must make payment to the provider of service whenever an amount is applied to their deductible. This amount depends on the type of plan you chose when you signed your contract with your insurance carrier. **Please pay unmet deductibles at the time of service if they have been pre-verified or leave a credit card on file so that we may charge it once your insurance company tells us how much you will be responsible for.**

## INSURANCE

We participate in most healthcare plans. We will bill your insurance as a courtesy to you. We will file claims to your medical insurance company for the services that are provided by our office. In order for the claims to process correctly, please ensure that the information that is provided to our office on the patient information form is accurate and current. If we are unable to verify your insurance or you do not have your insurance card, full payment is due at the time of service and we will give you itemized copies of your receipt so that you may file the claim on your own for reimbursement.

## PROOF OF INSURANCE

All patients must complete and/or update our Patient Information Form at each office visit. You must furnish valid and up-to-date proof of insurance coverage and a copy of your driver's license. Please notify us of any changes in insurance coverage prior to the time of service. If you provide false or expired insurance information you will be responsible for the balance of the claim.

## PROVIDER COVERAGE

Although we may be a participating practice with your insurance carrier, we may not be a participant in your particular plan. We are not responsible for ensuring that our providers are covered under your particular plan provision. Each insurance company has multiple plans. Our doctors may participate with your insurance company but not your particular plan. Please contact your insurance company to verify that the provider you are seeing is appropriately covered. Otherwise you may be responsible for the entire bill.

## MEDICAL PRACTICE FRAUD

A pattern of waived co-payments is considered to be fraud. The American Medical Association's *Compliance Guide for Medical Practice* states that when a medical practice waives a coinsurance amount, yet bills the remaining portion of the service to the insurer without disclosing the waiver, a false claim is generated. This is because the charge for the service has been misrepresented. According to the *Compliance Guide*, "The waiver of co-payments and deductibles and the provision of free services may be viewed as a violation of law or a violation of the physician's participation agreements with insurance companies." Not collecting co-payments could subject physicians to criminal and other sanctions.



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## PATIENT/INSURED FRAUD

Federal False Claims Act, 31 U.S.C. Section 3279, establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim for payment. Including misleading information on or omitting information from an application for health care coverage or intentionally giving incorrect information to receive benefits constitutes fraud.

## PAYMENT METHODS

Payments can be made with cash, checks, debit cards, and credit cards. Credit Cards accepted are Visa, MasterCard, and Discover. **Checks returned "Insufficient Funds" will be assessed a \$30 service charge.**

## PAYMENT PLANS

Rosemore Eye Care is not a financial institution and therefore does not have the ability to absorb debt. Patients are encouraged to make payment plan arrangements with their credit card providers whenever possible. However, in cases of medically emergent or urgent visits that create multiple co-insurances, co-pays, or full out of pocket balances due in the span of a few days, we can discuss setting up a short-term payment plan to help you avoid financial hardship while receiving the care that you require. Please request a telephone meeting with our office manager, who will help to set this up on your behalf in confidence. Rosemore Eye Care will prepare and send the patient a "Payment Plan Agreement" which will outline the arrangements agreed to by the patient and Rosemore Eye Care. **Payment plans may not be set-up once accounts reach delinquent status. The agreed upon amount must be paid monthly, or the balance will become due in full.**

## PAYMENT DUE DATES

Payment is required in full for all orders of optical goods at the time orders are placed. Payment for all applicable co-insurance and co-payments for participating insurance companies will be due at the time of service. You may be asked to put a credit card on file to pay any unmet deductibles; otherwise balances are due within thirty days of the billing statement date.

## SELF-PAY ACCOUNTS

Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us.

## BILLING STATEMENTS

Statements are mailed by the 5<sup>th</sup> of every month. The initial billing statement is mailed to patients with insurance or other third party payers only after a claim has been submitted and paid or rejected. The initial billing statement will include the amount that the patient is responsible for paying and the payments made by third-party payers. An expanded detailed print out of the patient bill is available upon request, as you should receive an EOB (Explanation of Benefits) detailing what your insurance paid for on the date of service directly from your carrier.

## ACCOUNT BALANCE

Patients with an outstanding balance over 60 days past due must make arrangements for payment prior to scheduling appointments.



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## FINANCE CHARGES

Rosemore Eye Care is allowed by law to assess a finance charge of up to 18% annually on unpaid balances. Rosemore Eye Care will assess **a 1.5% monthly finance charge on balances owed more than 60 days** following the initial billing statement to the patient.

## DELINQUENT ACCOUNTS

If a statement is mailed via certified mail in an attempt to collect an outstanding debt an administrative fee may be assessed. Delinquent accounts may be turned over to a collection agency. If your account is transferred out of our office for collection you will be responsible for all fees incurred to collect your outstanding debt and all collection costs will be added to your outstanding balance.

## REFUNDS

Patient or guarantor **credits in amounts less than \$10 will be retained on account** to be credited toward future balances unless a written request for refund is received. Refund amounts \$10 and greater will automatically be refunded to the payer.

## PAYMENT RESPONSIBILITY FOR DIVORCED OR SEPARATED PARENTS

The person who brought the child in for services is responsible for payment. Rosemore Eye Care cannot be responsible for collecting payment from any other individual.

## MISSED APPOINTMENTS

Broken appointments represent not only a cost to us, but also an inability to provide services to others who could have been seen in the time set aside for you. **We require 24 hour advanced notice if you need cancel or reschedule your appointment.** You will receive an appointment reminder call, email, or text before your scheduled appointment, but is ultimately your responsibility to remember your appointment. The fees for missed appointments are detailed below.

1. There are no penalties for cancellations or rescheduling more than 24 hours in advance of your appointment.
2. **"Cancellation"** - When a patient calls to cancel within 24 hours of their scheduled appointment, if they don't reschedule at that time, this is called a cancellation and is noted in the patient's file.
3. **"No Show"** - When a patient does not call to cancel an appointment and fails to show-up, this is called a no show and is noted in the patient's file.
4. There is a **\$25 charge** for missed appointments and/or failure to cancel an appointment with fewer than 24 hours notice.

## ADMINISTRATIVE MAILING FEES

There will be a **\$10 mailing fee** charged to cover our administrative mailing costs for any billing statements or optical goods to be sent directly from our office to patients. Non customary shipping requests may incur additional fees and will be handled on a case by case basis.

## CANCELLED ORDERS

If for some reason an order must be cancelled after it has already been placed, a **\$25 restocking fee** will be charged and deducted from the patient's refund amount.