

## **Georgia Mountain Ophthalmology OFFICE POLICY**

Dilating drops are used to dilate or enlarge the pupils of the eye to allow the ophthalmologist to get a better view of the inside of your eye. Dilating drops frequently blur vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for your eye doctor to predict how much your vision will be affected. Because driving may be difficult immediately after an examination, it's best if you make arrangements not to drive yourself. Adverse reaction, such as acute angle-closure glaucoma, may be triggered from the dilating drops. This is extremely rare and treatable with immediate medical attention.

I hereby authorize the practitioner and/or such assistants as may be designated by him/her to administer dilating eye drops. The eye drops are necessary to diagnose my condition.

We are committed to meeting your health care needs. Our goal is to keep your financial arrangements with us as simple as possible. In order to accomplish this in a cost effect manner, we ask that you adhere to the following guidelines:

- 1) You are ultimately responsible for payment of charges for services you receive from our office. As a courtesy we will file your claim with your primary and secondary medical insurance policies only. If, after attempts to collect from your insurance, we are unsuccessful, the balance becomes your responsibility.
- 2) It is your responsibility to provide us with your current address, telephone number, and insurance information at each visit. Our office requires your full social security number.
- 3) A refraction is the sum of steps performed in arriving at a decision as to what lens or lenses will most improve your vision (eyeglass prescription). The refraction fee is not covered by Medicare and most other insurance plans. If you request a refraction, or if a refraction is deemed medically necessary by Dr. Camp, you will have to pay a \$75.00 refraction fee if this service is not covered by your insurance company.
- 4) Contact Lens Fitting charges are not submitted to insurance and that fee (\$225.00 up to \$275.00) is collected at check-in.
- 5) If you have insurance and provide us with all of the information we need and/or request, we will gladly file your claim for you. Few insurance policies cover all medical costs and you are responsible for the amount not paid by the insurance carrier including non-covered or experimental services that we deem medically necessary as standard of care.
- 6) Many health care plans require a referral from your primary care physician prior to consultation with a specialist and some plans also require that you obtain preauthorization before any type of surgical procedure or laser treatment. Failure to obtain a referral or preauthorization, if required, may result in your insurance carrier denying payment for these services, in which case you will be held financially responsible.
- 7) In the event that you have an insurance plan, or your insurance coverage changes to a plan, where we are not participating providers, you will be responsible for payment for all fees at the time services are rendered. It is your responsibility to contact us and/or your insurance carrier prior to your appointment to confirm that the doctor you are seeing is a participant of your plan.
- 8) All co-payments and co-insurance amounts are due at the time of service.
- 9) We will mail you a monthly statement for any outstanding balances. Outstanding balances are due within 30 days of statement date unless prior arrangements have been made. Returned checks and account balances older than 30 days may be subject to additional collection fees and interest charges of 1.5% per month.
- 10) We require one business day's notice for any appointment changes and/or cancellations. We understand that unforeseen events sometimes require missing an appointment, but to allow us to better care for all of our patients we must be able to depend on your timely arrival. After missing or changing an appointment without notifying us at least one business day in advance, you are subject to \$50.00 fee.
- 11) Non-clinical services, e.g. medical record copies, disability forms, FMLA forms, attending physician statements, and other supplemental insurance forms will incur charges, payable in advance, ranging from \$10.00 to \$50.00, based on volume and complexity.
- 12) You will receive a Patient Portal invitation. If you would like to opt-out of the Patient Portal request a Patient Portal Opt-Out Form from our staff.

If you have any questions about this financial policy please feel free to talk with a practice representative. Although our assistance is available to you at any time, we cannot act as a mediator with your insurance carrier or your employer.

I have read and understand and agree to this Financial Policy:

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Sign your name

Date \_\_\_\_\_