



# CLARITY

---

## EYE AND FACE

Thank you for choosing Clarity Eye and Face, PLLC as your Oculofacial Plastic Surgery provider. We are committed to the success of your medical treatment and care and to building a successful physician-patient relationship. Your understanding of our Practice Financial Policy and payment for services are important parts of this relationship. For your convenience, this document discusses a few commonly asked financial policy questions. If you need further information or assistance about any of these policies, please ask to speak with our Practice Manager.

### **Which Insurance plans does Clarity Eye and Face contract with?**

Clarity Eye and Face, PLLC is only in network with Medicare. If you have Medicare and a secondary, the secondary insurance typically will still cover your care even though we are not in network with that insurance.

### **My insurance is out of network. Can I still come to get care at Clarity Eye and Face, PLLC?**

Absolutely. You will be responsible for payment in full at the time of service. We will provide you with the information you need to submit your claim to your insurance company. We cannot guarantee whether they will reimburse you for the care you receive.

### **What if I don't have out-of-network benefits (common with HMO plans)?**

You may apply to your insurance for a "network gap exception." This is granted when there is no suitable in-network option for specific subspecialty care. If a gap exception is granted, then your insurance should cover the service as if you were in network with us at Clarity Eye and Face. You would still pay for the service at the time of service but your insurance is promising to reimburse you for the care you receive. Record the reference number or authorization number provided to you by the insurance company

If you are unable to get a gap exception and still want to seek care at Clarity Eye and Face, please reach out to us to see if any additional discounts or cost savings are possible.

### **When are payments due?**

For patients with Medicare, all copayments, deductibles, patient responsibility amounts, and past-due balances are due at the time of check-in for clinic visits. A credit card on file will be kept for any unexpected balances. Out-of-network clinic visits that are paid for on the day of service receive an automatic 30% discount off the fee.

With the exception of cancer reconstructions, surgery balances are due 2 weeks prior to the surgery day or the surgery will be canceled.



# CLARITY

---

## EYE AND FACE

### **How may I pay?**

We accept payment by cash, check, or credit card (we accept VISA, Discover, MasterCard and American Express).

I have Medicare and a Secondary. Why do I have to put a credit card on file?

Having secondary insurance does not necessarily mean that your services are 100% covered. Secondary insurance policies typically pay according to a coordination of benefits with the primary insurance. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. It is your responsibility to notify our office promptly of any patient information changes (ie, address, name, insurance information) to facilitate appropriate billing for the services rendered to you.

### **Do I need a referral or pre-authorization?**

If your insurance plan requires a referral authorization from your primary care physician or a pre-authorization from your insurance, you will need to contact your primary care physician or insurance company to be sure it has been obtained. Failure to obtain the referral or preauthorization may result in a lower or no reimbursement from the insurance company. Medicare does not at this time require pre-authorizations or referrals

### **Will you bill my insurance?**

We are only contracted with Medicare so we will only bill your insurance if your insurance is Medicare. If you have another insurance plan (Blue Cross Blue Shield, United Health Care, etc.), we will provide you with a CMS 1500 that you can submit to your insurance.

### **What if I need surgery?**

If your physician recommends surgery, your surgery will be scheduled by your physician's staff. The staff member can answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and assist with completing all prior authorization your insurance company might require. Our office requires the estimated balance due for the surgery to be paid 2 weeks prior to surgery.

### **I received more than one bill for my surgery/procedure/service.**

Please note that Clarity Eye and Face, PLLC only bills for services rendered by our clinical team during the procedure. The hospital or other providers may bill you for other services provided—which might include operating room costs, anesthesia costs, pathology charges, etc. If you believe you have been accidentally billed twice for the same service, please get in touch with our office for clarification or resolution.



# CLARITY

---

## EYE AND FACE

### **Will I receive statements or bills?**

It is our office policy that all accounts with pending balances be sent two statements, each one month apart. If payment is not made on the account, a single phone call will be made to try and make payment arrangements. Accounts with unpaid balances for 90 calendar days or more will be sent to an external collection agency or attorney for collection. Unpaid bills can also lead to possible discharge from the practice.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for the collections costs, including attorney fees and court costs.

### **Do you refer unpaid bills to collection agencies?**

If a patient cannot pay the balance on their account according to the financial policy will be referred to an outside collection agency or an attorney for further action.

### **What if my child needs to see a physician?**

A parent or legal guardian must accompany patients who are minors on the patient's visits. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

### **Do you charge a penalty for returned payments?**

Any charges incurred by the practice collecting balances owed to us during the collection process may be charged to the patient. Returned checks, credit card chargebacks, or returned payments will attract a minimum \$35 penalty in addition to the balance owed. Accounts with returned payments will be expected to make payments via cash, money order, or cashier's checks only.

### **Can you waive my copay?**

We cannot waive deductibles, coinsurances, or copays that are required by your insurance. This is a violation of insurance rules.

### **Do you charge for completing forms?**

With the exception of patients requesting forms in relation to surgery being performed at Clarity Eye and Face, a charge of \$15.00 per form is required. Please understand that to complete forms, your medical record must be reviewed, forms completed and signed by the physician, and copied into your medical record. Some of these forms can be quite complicated and tedious to fill out. Please provide us with pertinent information, especially dates of disability and return to work



CLARITY  
EYE AND FACE

**Do you charge for copies of medical records?**

Patients requesting copies of their medical records will not be charged a fee if the records are transmitted electronically via fax or email. There will be a fee for printing and/or mailing copies.

Attorneys and Insurance companies requesting medical records will be charged a \$15 fee plus postage and these fees:

- \$0.25 per page – under 100 pages
- \$0.10 per page – over 100 pages
- \$15 for an itemized bill

Expedited requests will be charged a special handling fee.

**What if I missed my appointment to see the physician?**

We understand that on rare occasions, issues may arise, causing you to miss your appointment when you cannot notify our office before your appointment. Should you experience any unforeseen circumstance that causes you to miss your appointment, please call our office at least 24 hours prior to having it rescheduled. Patients who no show and no call for an appointment will have to prepay any anticipated amount due prior to rescheduling their appointment. This deposit is forfeit if notice is not given at least 24 hours prior to the appointment

I have read, understand, and agree to the above Financial Policy. I understand my financial responsibility to make payments for services provided to me and the courtesy extended by Clarity Eye and Face, PLLC to simplify insurance reimbursement for the services provided to me. I acknowledge that these policies do not obligate Clarity Eye and Face to extend credit to me for services provided.