NASHVILLE EYE GROUP CHEATHAM COUNTY EYE CARE

No one wants to fill out forms at the doctor's office. However……..With HIPAA, ACA, HITECH and other government alphabet soup regulations, we all have to do it. We are obligated to present them to you and have you sign on the dotted line. We have kept this as brief and to the point as possible, so if you need further explanations, please feel free to ask any of our staff to help.

Financial Policies

Payment: Payment is due at the time of service. This includes all exam fees, co-pays, and cost of optical goods. We accept checks, cash, Visa, MasterCard, American Express, and Care Credit.

*Initials:*___________

Insurance: Your bill is your responsibility. We will do our best to help you understand your coverage, and will file insurance as a courtesy to you whenever possible. Any existing balances after your claim is filed are due immediately. If your insurance company tells us you have not met your deductible, we may ask you to pay the entire balance at time of service, less any insurance discounts. If there is any remaining balance after insurance payment or denial, we will send a statement to explain the charges, payments, and amounts owed.

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Vision Insurance vs. Medical Insurance: Frequently patients have both vision (VSP, Eyemed, Superior) and medical insurance (BCBS, Medicare). They are very different in terms of the services they cover.

Vision insurance: Designed to cover the examination of presumed healthy eyes and results in a glasses and or contact lens prescription.

Medical insurance: Designed to cover examination of the eye when you have a medical reason for the visit or have a disease that puts you at risk for medical eye problems. These exams frequently require communication with your medical doctor.

We are required to file the proper insurance based on the reason for your visit or the trouble that you are having as stated by you. If more complex problems are detected during a routine vision exam, you may be asked to return at a later time for further evaluation.

*Initials:*___________

Clinical Policies

Contact Lens Fitting: We take pride in prescribing high quality contact lenses to improve your vision and your lifestyle, however contact lenses are medical devices (regulated by the FDA) that can cause discomfort, infection, and even permanent vision loss. New AND Existing contact lens wearers require additional history, tests, and analysis (as required by the State of Tennessee). Additionally the doctor is taking medical responsibility for the new prescription. For this reason, there are additional charges associated with new AND existing contact lens wearers. These fees are annual and are determined by the complexity of the case and the time required.

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Refraction: Refraction is the test the we use to determine the prescription required for your eyeglasses. This test is included as part of a vision exam but not in a medical exam. When performed associated with a medical visit, insurance companies require us to bill it separately. The charge for refraction is $35. We are happy to file it to your medical insurance although it is frequently denied as non-covered.

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Privacy Policies

HIPAA Privacy Practices: You understand that under the “Health Insurance and Portability and Accountability Act of 1996” you have certain rights to privacy regarding your protected health information. You acknowledge that you have been informed and had access to Notice of Privacy Practices containing a more complete description of the uses and disclosures of your health information. You understand that Nashville Eye Group and Cheatham County Eye Care have the right to change their Notices of Privacy Practices from time to time and that you may contact these organizations at any time to obtain a current copy of the Notice of Privacy Practices. *Initials:*___________

Insurance release and assignment: I request that payment of authorized Medicare or other medical insurance benefits be made on my behalf to Optometry Unlimited, LLC for any services rendered to me by Dr. Hyatt, Dr. Beem, or Dr. Martin. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine benefits payable for related services. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. Medicare does not pay for routine services. In the event routine procedures are performed, I understand I will be liable for those services

*Initials:*___________

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Signature of Patient (Responsible Party if Minor) Date

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Print Name of Patient