

**Georgia Mountain Ophthalmology  
FINANCIAL POLICY**

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.
- 2) It is your responsibility to provide us with your current address, telephone number, and insurance information at each visit.
- 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, Medicare replacement plans and most other insurance companies. If you request a refraction as part of your exam, or if a refraction is deemed medically necessary by Dr. Camp, you will have to pay a \$60.00 refraction fee if this service is not covered by your insurance company.
- 4) 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; some pay fixed allowances for each procedure, while others may pay only a percentage of the costs. 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.
- 5) Many health care plans require a referral from your primary care physician prior to consultation with a specialist. Additionally, 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.
- 6) 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 your insurance carrier prior to being seen to confirm that the doctor you are seeing is a participant of your plan.
- 7) As a courtesy we will file your claim with your primary and secondary insurance policies only. Claims filed with additional policies will be your responsibility.
- 8) All co-payments 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 24-hours notice if you need to cancel or re-schedule your appointment. 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 24 hours in advance, you are subject to being charged a fee up to \$50.00.
- 11) Non-clinical services, e.g. medical record copies, disability forms, FMLA forms, attending physician statements, and other supplemental insurance forms will be billed to you for a nominal charge ranging from \$10.00 to \$50.00, based on volume and complexity.

If you have any questions about this financial policy, financial arrangements, or your outstanding balance, 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 \_\_\_\_\_