submit this to their insurance company for possible reimbursement.

- Patient benefits are verified 24 hours prior to patient's appointment.
- We are required to file claims with your primary insurance carrier only. However as a courtesy, we file claims to all participating insurance companies on your behalf.
- A list of participating insurance companies can be located on our website.

Self-pay patients:

- Payment for services is **due in full** at the time of service. Please feel free to ask our front desk for a copy of our office policy on "patient collections."

Medicare/Medicaid patients:

- Please make sure you have a full understanding of your healthcare benefits and what might be your payment responsibility if a service is not covered by your insurance plan.
- Medicare requires that we provide patients with a written notification whenever it is likely that they will be responsible for a bill.
- Medicare only covers services at 80% of the cost for that service, patients are responsible to pay for the remaining 20%.

Auto accidents/workers' compensation:

- Billing and medical information, as required for claims payment, will be forwarded to your auto insurance company in the case of a motor vehicle accident. Failure to receive payment from the insurance company within 30 days of the date of service may result in your responsibility to pay.
- Our office will send appropriate workers' compensation claim forms to the appropriate insurance company for services rendered on your behalf. If a claim is denied, we will expect payment in full from you within 30 days of receipt of our bill.
- For motor vehicle accidents and workers' compensation coverage, patients are required to supply MAR with appropriate insurance contact information. In addition, we will need the claim number and adjuster name. Failure to provide this information will result in delay of claims processing and payment, and may result in additional fees to you.

Surgery patients:

- Patient benefits will be verified the day surgery is scheduled. Prior to surgery, patients will be advised of their financial responsibilities. At the time of surgery, patients will be required to pay for these services before surgery is rendered.
- MAR will obtain the required authorization for surgery.
- Emergency surgeries may not be subject to these requirements.

Payment plans:

- Our billing department is happy to work with you regarding payment of any balance due to our practice.
- To ensure that payment arrives at our office on time, please mail payments at least (5) business days prior to the due date.
- You may make payment by the following methods:

By mail: 4060 Butler Pike
Suite 200
Plymouth Meeting, PA 19462

Online: http://www.midatlanticretina.com/

By phone: (800) - 331 -6634 ext 2003

Collections and outstanding balances:

- Any outstanding balance not paid within 90 days of the date of service may be referred to an outside collection agency.
- Patients with unpaid delinquent accounts or accounts which have been sent to collections may be discharged from our practice.

Refunds:

- Refund requests are issued to the appropriate party.
- Patient refunds will not be processed until all active or past due charges are paid in full.
- Refunds of $10.00 or less will not be issued, unless requested, and will be credited to your account for future visits.

WillsEye Physicians
Mid Atlantic Retina

WillsEye Physicians
Mid Atlantic Retina

Patient Handbook and Financial Policies

Welcome and thank you for choosing Mid Atlantic Retina for your medical care. We are committed to providing you with the highest quality medical care possible in an efficient and cost-effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographic area. We are pleased to discuss with you any questions you may have concerning a bill. Payment in full is due at the time services are rendered. We participate with most payers. In addition, as a courtesy to our patients, we accept cash, personal check, money order, Visa, MasterCard, Discover, and American Express for payment of deductibles, co-pays, co-insurance, and any other charges not covered under your insurance policy.

We also provide patients the ability to pay for their accounts online (http://www.midatlanticretina.com/) or over the phone ((800) 331-6634 ext 2003).
In order to achieve our goal of providing you with the best care possible, we need your assistance and your understanding of our financial policy.

GENERAL OFFICE INFORMATION

Office Hours:

- Monday – Friday, 8:00 am - 4:00 pm
- Scheduling is available 8:00 am - 5:00 pm
- On call doctor available after hours

Things to bring with you to EACH appointment:

- Health Insurance Card(s)
- Drivers License
- Method of Payment
- Payment for any prior balances
- Paperwork, if you are a new patient
- Valid referral, if applicable

Appointments:

- Please arrive at least 10 minutes early for your appointment. New patients will have paperwork to complete if not obtained prior to their appointment.
- It is your responsibility to verify that the physician is currently under contract with your insurance plan and that you have obtained all necessary referrals **BEFORE** your scheduled appointment. (Failure to confirm this may result in your responsibility for any and all charges.)
- If you do not have a valid referral at the time of your appointment, the appointment may be rescheduled. A valid referral is required if it is necessary per your insurance policy.
- Please inform the receptionist of any demographic changes (phone number, address, insurance information, employment information, etc.). Failure to immediately notify us of changes in demographic information, financial status and/or insurance coverage may result in you being responsible for any services not covered by your insurance carrier.

Missed or cancelled appointments and other fees:

- 24 hours notice is required to cancel and/or reschedule all appointments.
- All co-pays are due at the **time of service**.
- To cover our costs, there will be a fee of $25 for any checks returned to our office.
- Unless emergent, all balances are due prior to any further service provided by our office. If payment of your balance is problematic, please contact our billing department.

Minor patients:

- The parent(s) or guardian(s) accompanying a minor are responsible for providing current insurance information for the minor as well as the payment in full for services provided. A copy of this financial policy and all statements will be provided to each parent if living in separate residences.
- When a minor arrives for an appointment unaccompanied by a parent or guardian, he/she must provide the office with an Authorization for Medical Treatment form signed by a parent or guardian.
- In compliance with HIPAA regulations, we are unable to discuss any details of services rendered or to produce an itemized bill for any parties that are not the patient, parent, or legal guardian, unless otherwise documented.

PAYMENT INFORMATION

Terms to Know:

- ***Deductible*** - The amount you have to pay out-of-pocket for expenses before the insurance company will cover the remaining costs.
  Ex. Patient has to pay $400 before the insurance company will cover services at a certain percentage.
- ***Co-pay*** - A small fixed amount required by the heath insurance to be paid by the patient for each service.
  Ex – Physician agrees to accept $50 for payment of service; patient pays $20 and insurance pays remaining $30.
- ***Co-insurance*** - The patient and the health insurance share costs incurred after the deductible is met.
  Ex. Patient has met a predetermined deductible amount; insurance will pay 80% of costs for services and patient is responsible for 20% of costs for services.
- ***Out-of-pocket payment*** - With some insurances, there may be an out-of-pocket ("OOP") max of, for example, $5000. After this amount has been reached, the insurance will increase reimbursement to 100% of the allowed amount for the service. This usually includes the total of deductible and coinsurance.
  Ex. Patient has satisfied their $400 deductible, and co-insurance amount of up to $2000. Services will now be paid at 100% by insurance company minus their co-pay of $20.00.

Some payors will not apply an office visit co-pay after the OOP max is reached, while others will.

Payment in full is due at the time services are rendered:

- Co-pays, co-insurance amounts, deductibles, and all non-covered charges are the insured/patient's financial responsibility and are due during the check-in process. Failure to produce payment at check-in may result in an additional charge or your appointment being rescheduled.
- Any medical services that are considered by your insurance company to be non-covered, out of network, or not medically necessary will be your responsibility and will not be eligible for any discount in accordance with state and federal law, as well as participating agreements with payers.
- If you receive more than one type of service on the same day, you may be responsible for more than one co-pay depending on your insurance.
- Any balance incurred after insurance has processed claims will be due in full within 30 days.

Waiver of Patient Responsibility:

- The practice will not waive, fail to collect, discount co-payments, co-insurance, deductibles, or other patient financial responsibility in accordance with state and federal law, as well as participating agreements with insurance payers.

"In Network" vs. "Out of Network" insurance:

- Your insurance coverage and benefits are a contract between you and your insurance company, or you and your employer if your employer has a self-funded plan. Accordingly, all disputes must be handled either between you and your insurance company or you and your employer.
- We have contracts with multiple insurance companies which make us participating providers with those insurance companies and allow us to accept assignment of your insurance benefits.
- If you have insurance coverage under a plan with which we do not have a contract, it is unlikely that your out-of-network benefits will cover our services. Accordingly, you will be treated as a *self pay* patient. Payment will be expected at the time of service.
- MAR, with respect to out-of-network benefits, will supply patients with an itemized print out of services rendered. We encourage patients to