The ATLANTA VISION Institute

Financial Information Policies

Our doctors and staff are very concerned about the cost of your health care and want to address some current issues related to the cost of medical services in this office. Considerable care has been taken in setting our fees. We want to assure you that our charges accurately reflect the complexity of the care rendered and the skill and expertise required for your care.
Our fees are comparable with fees of other surgeons in the metro area. In order to make your financial obligations to our office and keep the necessary insurance paperwork as simple as possible, we ask that you observe the following policies.

Payment Policy

Our policy requires payment at the time of service of your co-pay, deductibles or associated fee for your office visits and procedures. To assist you in filling your own insurance claim, we will provide you with an itemized statement to expedite your reimbursement.

Medicare Members: We will file all claims to Medicare with a valid signature on file. We will also file with your secondary insurance. **Routine eye exams and refractions are not covered by Medicare** and payment is requested at the time of service.

Private Insurance Carriers, Indemnity Policy Holders (NON HMO, POS or PPO): Payment is expected at the time of service for all procedures unless prior arrangements are made. We will provide you with an itemized statement so you can submit to your insurance for reimbursement.
We use many sources to determine the appropriateness of our fees. We cannot and do no allow the payment or allowance of insurance companies to set the amount that we charge for services, should an insurance company indicates a physician's fees are above the "usual or customary".

Health Care Plan (HMO, POS, PPO) Members: A valid authorization is required for all services performed. All claims will be filed to your insurance carrier. Please check your insurance handbook or check with your insurance company before scheduling an appointment to be sure you will be seeing a participating provider. Co-payments are due at the time of service. Contact lenses and glasses are not covered by **Health Care Plan.**

HMO Plans: If you are a member of an HMO, you are responsible to have a current referral from your Primary Care Physician (PCP) prior to being treated with us. You may be sent back to your PCP to obtain one prior to being seen. Failure to obtain a valid referral will result in patient being financially responsible for all charges incurred.

Elective Procedures: Full payment of any elective procedures are due at time of services prior to your procedure taking place.

In your interest, we are pleased to accept most of the majority credit cards. Returned checks will receive a $25.00 overdraft charge. A monthly bill fee will be added to all account balances beyond 30 days from the date of service. A collection agency may take over a delinquent account. If any account is placed in a collection agency, the patient will be responsible for all collection. Timely payment will prevent consequences to your credit rating.

Please bring all health insurance information with you. We will need to copy any insurance cards for our records. Feel free to contact our office if you have any billing or insurance questions. Our staff will be happy to assist you. Your signature below acknowledges the fact that you have read, understand and accept your financial responsibility under this policy.

Print Name:_____

Patient signature:_____ ***Date:***_____