

# Practice Policies and Billing to your Vision Discount Plan or Medical Insurance

Dr. Joel H. McGahen, OD PC  
Effective January 1, 2016

Due to the recent Health Care Reform legislation, we have found it necessary to have our patients review our Practice Policy prior to being seen for an exam or test. Please read and sign this form, indicating that you accept our Practice Policy, prior to checking in at our Front Desk.

At Dr. Joel H. McGahen, OD PC, our primary goal is to provide the best care possible to our patients. To do this, we need to be sure that you receive services that correspond to your current medical condition.

If you have healthy eyes and no related medical conditions, a routine exam may meet your needs. This can be billed to your Vision Discount Plan (*Davis Vision, Eyemed, or NVA*). A routine exam is a screening for potential ocular issues and eye performance that may or may not include dilation.

In other instances, a more in-depth exam is required. Patients with cataracts, glaucoma, macular degeneration or diabetes may require an exam that is more complex. A family history of any of these conditions could also require a medical exam. Even a reference to something as simple as scratchy eyes could result in an exam which is medically necessary. Because we are managing a medical condition, Vision Discount Plans will either deny these services or will not recognize the level of complexity that goes into rendering these services. All medical exams will be billed to your Medical Insurance and all Co-Pays and Deductibles will need to be paid.

If you have previously been diagnosed with a medical condition, your next exam will most likely be a medical exam so that the condition can be monitored and treated.

We are seeing that our patients are having more out-of-pocket expenses because their coverage is changing. Some Medical Insurance Plans will cover the Refraction Fee, but not in every instance. Many Vision Discount Plans now deny the exam or Refraction Fee if you have a medical diagnosis. Several Vision Discount Plans now have a co-pay as well.

If you have a medical condition and want to maximize your Vision Discount Plan benefits, please let our Front Desk staff know your wishes when you Check-In. We will be able to complete a medical exam during your current visit and schedule you for a follow up routine eye exam, in the near future when we will check your vision and possibly prepare a new prescription for glasses or contact lenses.

If you have any questions related to our Practice Policy, please let our Front Desk Staff know during Check-in.

## **SPECTACLE AND CONTACT LENS EXAMS:**

Exam for spectacles and contact lenses are separate exams. If you desire both exams on your visit, you will be charged an evaluation fee for the contact lens exam. We will be happy to submit this charge to your insurance company. However, if this charge is determined to be non-covered service, you will be responsible for this charge, payable before receiving any "diagnostic" contact lens. If your vision plan offers any contact lens material benefits, the cost of the exam may be deducted from this benefit. Contact lens prescriptions are good for one year from last Corneal Evaluation. Glasses prescriptions are good for two years from last examination.

X INITIAL: \_\_\_\_\_

## **AMOUNTS DETERMINED "NOT-COVERED":**

In the event a health plan determines a service of ours to be "not covered"; you will be responsible for the complete charge. An important example of this is our charge for checking eyes for changes in eyeglasses prescriptions and/or contact lens prescription. (Procedure is called a "refraction") we charge for this service and many insurances, including Medicare, deem this service "not-covered". You may be personally responsible for this charge of \$48.00. If you do not desire refraction, please inform our staff.

X INITIAL: \_\_\_\_\_

**Assignment and release for all insurance except MEDICARE/MEDIGAP**

I request that payment of authorized insurance benefits be made on my behalf to Dr. Joel H. McGahen, OD PC for any services furnished to me by that provider. I authorize Dr. Joel H. McGahen, OD PC to release to the insurer \_\_\_\_\_ and its agents any information needed to determine these benefits or the benefits payable for related services. I authorize its use of this signature on all my insurance submissions.

X \_\_\_\_\_  
Patient's/Guarantor's Signature Date

**Medicare/Medigap Authorization**

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Dr. Joel H. McGahen, OD PC for any services furnished to me by that provider. I authorize any holder of medical information about me to release to the Centers for Medicare Services and agencies and information needed to determine these benefits or the benefits payable for related services. I request payment of authorized Medigap benefits be made to this provider and also authorize any holder of medical information about me to release to the above named Medigap insurer any information needed to determine benefits payable for services from this provider.

X \_\_\_\_\_  
Patient's/Guarantor's Signature Date

**PAST DUE BALANCES AND COLLECTIONS:**

Any unpaid balance on your account over 60 days will be assessed late fees for each month the balance remains unpaid. If there is an unpaid balance over 90 days the account will be turned over to the JP for collections. At that time late fees will be removed. You will then become responsible for any and all collection fees. In the event we seek legal action for the collection on your account, you will be responsible for any and all fees associated with court cost, garnishments, and/or attorney fees. INTIAL: \_\_\_\_\_

X

**POLICIES ON OUTSIDE PRESCRIPTIONS AND MATERIALS:**

While we are happy to make any prescription glasses from an outside provider, our office cannot guarantee the accuracy of your prescription. Any issues after glasses are completed will need to be addressed by the prescribing provider. Our office will be more than happy to do this for you but a refraction charge of \$48.00 would apply. Also any remakes required due to another providers prescription change will result in a 50% remake fee. **Any frames not purchased through Dr. McGahen's office cannot be warranted against damaged or breakage since we cannot offer a warranty on materials purchased elsewhere. Charges of \$15.00 for edging, mounting and adjusting on all frames not purchased in house.**

- ADJUSTMENT FEE \$15.00
- EDGING/MOUNTING AND ADJUSTMENT OF LENSES INTO NEW FRAME \$15.00
- REPLACEMENT OF NOSE PADS: \$5.00/PR.
- RESTRINGING OF RIMLESS FRAMES: \$15.00
- REPAIR OF DRILL MOUNTS \$20.00
- 50% REMAKE ON ALL OUTSIDE PRESCRIPTIONS

**I HAVE READ AND UNDERSTAND THE FINANCIAL/OFFICE POLICIES OF DR. JOEL H. MCGAHEN, OD AND ALSO UNDERSTAND THAT DR. JOEL H. MCGAHEN, OD PC RESERVES THE RIGHTS TO CHANGE THIS POLICY AND FEES AT ANY TIME.**

X \_\_\_\_\_  
Patient or Guardian Name Date

If you choose not to accept our policy, we will be happy to make your medical records available to another eye care professional upon their request.