

# Financial Policy Statement

Welcome to The Eye Doctors. We are pleased to have you as a patient and we are committed to providing you the best eye care possible. In order to assist you in receiving your insurance benefits, we ask that you review and sign this Financial Policy Statement.

## Required Information

We require all patients to complete patient information and medical history forms, sign the HIPPA acknowledgement form, and provide complete insurance information prior to all services provided. We can bill your insurance plan(s) only if we are provided with complete information. At times, a signed and dated claim form may be required. If you are unable to provide us with your entire insurance information at the time of your visit, any charges for your services and/or materials will be your responsibility. Upon proof of insurance, our staff will be happy to assist you in filing a claim after the date of service if necessary.

## Patient Responsibility

All co-pays or co-insurance are to be collected when services are rendered. If a claim is denied in full or in part by your insurance plan, you will be responsible for any charges not covered. If you are currently covered by a plan not accepted at The Eye Doctors, you will be responsible for the charges for any services and/or materials at the time they are rendered. Some insurances allow members to submit for reimbursement if the member is seen at an out of network facility and pays an out of pocket expense. Our staff will be pleased to provide you with a detailed receipt and any information to assist in that process.

## Payment Options

If you need assistance in payment, or are interested in payment plans, our staff can provide you with information on Care Credit, a line of credit designed specifically for medical expenses. You may be eligible for up to six months no interest for any services or materials purchased at The Eye Doctors. Please see a staff member for details, or visit [www.CareCredit.com](http://www.CareCredit.com) for more information.

## HIPAA

We are required by law to keep health information private and protected at all times. Please review the attached form for our entire privacy policy. Any personal or medical information given to us will be used simply to provide you the best care possible, and will never be released to any other party without your signed consent. You may request a full written copy of the HIPAA policy form which outlines what we may or may not disclose your personal health information for. Please see the front desk staff for more details.

## Assistance

We make it our responsibility to ensure full understanding of insurance benefits and charges. Our office manager is available to assist you with any special concerns or questions. Please contact Kevin Whaley at (813) 632-2020 or email [kevin@theeyedocs.com](mailto:kevin@theeyedocs.com).

I hereby agree that I understand and acknowledge my patient responsibilities written under the policy and by signing below I agree to comply with all terms stated above.

X \_\_\_\_\_

Date \_\_\_\_\_

Signature of patient or responsible party

The EyeDoctors is excited to announce we will now be performing an iWellness Exam on all our patients. This process consists of two components:

- Optomap: An ultra-high definition color photo of the surface of your retina.
- OCT iScan: A cross-section image of all the layers below the surface of your retina, which are completely invisible to the doctor without this new technology!

This exam provides you and your family the best standard of care. We are able to help many of our patients discover potentially sight-threatening diseases such as retinal detachments, glaucoma and macular degeneration. Early detection allows many options for treatment which may be no longer available in later stages. This technology also aids in discovery of systemic health problems such as high blood pressure, diabetes, dementia and Alzheimer's disease.

This nominal copay of \$55 per year covers the interpretation of the Optomap (an ultra-wide digital image) and the OCT (a high definition ultrasound of the retina) This allows the doctor an important comparison of the images over time to detect changes. We will be performing this on all of our patients, even children when possible. This testing will be free for all children 8 and under.

If you have any questions about these tests, feel free to discuss this with your doctor during the exam.

Sign\_\_\_\_\_ Date\_\_\_\_\_