

**East Windsor Eye Care & Eye of the Tiger  
Financial Policy and HIPAA Privacy**

Welcome to East Windsor Eye Care and Eye of the Tiger. We would like to inform you about our office's financial and privacy policies.

**Insurance Submission Policies**

The billing staff of East Windsor Eye Care will help you in any way we can to make sure your insurance company reimburses appropriately for all covered services and at the correct level of reimbursement. Individuals and companies other than your physician determine any requirements for pre-authorizations, referrals, and/or limitations of coverage. You must also have a referral, when required, before being seen by our office. Payment in full will be required if the necessary referral was not obtained. We accept reimbursement from all participating insurance plans. Payments of co pays, deductibles, and non-covered options are due at the time of service. Parent/Guardian requesting treatment for a minor will be responsible for payment on that account. We will bill insurance claims to primary and secondary carriers as a courtesy to our patients. You (the patient) therefore agree to accept responsibility for co-payments, deductibles, co-insurance, and any medical care you agree to undergo, which is not covered by your insurance. It is your responsibility to provide us with the most current insurance information. If medical care is rendered based upon the wrong insurance plan, you also agree to assume all full financial responsibility for those services denied. Your insurance policy is a contract between you and the company you have chosen, therefore, it is your responsibility to know what your benefits are. We will attempt to verify benefits before or at the time of service; however, all insurance companies have a disclaimer that the information/authorization obtained may not be accurate and is subject to review at the time the claim is processed. You may be billed in the event that your insurance plan denies a claim or does not pay in a timely manner. All fees are ultimately your responsibility.

**Collections and Returned Check Fees**

All delinquent accounts will be sent three past due and one final notice. If there is no response to our notices within 30 days, you will be referred to an outside collection agency. If your account is referred to collections, you will be assessed a 30% administrative fee in addition to your outstanding balance.

There is a \$25.00 service charge on all returned checks. Accounts that do not resolve a returned check issue within 14 days of notification will be sent to collections and assessed a 30% administrative fee in addition to the \$25 fee.

---

**HIPAA Privacy Acknowledgement**

By signing this **Receipt of Notice of Privacy Practices** (the 'Notice'); I acknowledge and agree that I have a right to receive a physical or electronic copy of the Notice of Privacy Practices for review and to keep for my records. I understand that the location may use and disclose necessary personal health information (for example: my name, address, subscriber identification number, eye exam information, and/or type of products provided) to another party to permit its administrative duties, provide me with eye care services and products, process my vision benefits claims, and communicate with me regarding vision care services provided by the location. I authorize this location to submit my vision benefits claims to my plan sponsor or health insurance to receive reimbursement directly for services I have received. I acknowledge that in the event of my incapacity or an emergency situation, East Windsor Eye Care and its healthcare staff will disclose vital health information to a family member or healthcare representative using their best professional judgment. They will only disclose health information that is directly relevant to that person's involvement in my healthcare. I acknowledge that East Windsor Eye Care may disclose my health information when they are required to do so by law or as a matter of national security.

I acknowledge that I am aware that my information may be shared with another party (Solutionreach,Inc.) as part of an examination reminder service.

**I can be assured that this location does not sell my personal health information of any kind to a third party for such party's own use other than what has been indicated above.**

---

**Refraction**

Refraction is the process by which your doctor determines the lens combination that enables you to see the best. This service is performed to determine your prescription for near and far visions. The refraction will also provide information about your eye-muscle balance, focusing strength, and ability. The refraction is not covered under the Medicare program, but it is one of the most frequent and important tests performed by the doctor. Under Medicare and some Commercial programs, the beneficiary is responsible for paying this fee. Our fee for the refraction is **\$30.00**, which we will collect at the time of service for those patients. If we receive payment on the refraction from your insurance company, our corporate office will reimburse you in a timely manner.

Please sign below that you have read and understand the above statements.

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature or Patient's Legal Representative

\_\_\_\_\_  
Date