

Avery Eye Clinic

*Board-Certified Medical and Surgical Ophthalmologists
Fellows of the American Academy of Ophthalmology*

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EVERY EYE CLINIC FINANCIAL POLICY

At Avery Eye Clinic, we believe that all patients who come to this office deserve the best medical care and services available. For us to provide you with the highest quality eye care with current technology, we must meet the expenses necessary to operate this facility. To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with the Billing Supervisor. We regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

DEFINITIONS

In-Network/Participating Insurance: These are insurance companies with whom we have a contractual agreement. If we are "in-network", we have agreed to a discounted rate with the insurance company for its members.

Out of Network/Non-Participating Insurance: These are insurance companies with whom we do not have a contractual agreement. If we are not "in-network" with your insurance carrier, and you do not have "out of network" benefits on your policy, we will not bill your insurance carrier and you will be responsible for all services rendered on your visit. We will be happy to give you an itemized receipt from your visit so that you can file a claim with your insurance company.

Accept Assignment: We agree to accept check payment from your insurance company for services rendered. You will still be responsible for any deductible, copay, and/or coinsurance amounts at the time service is rendered.

PAYMENT AT TIME OF SERVICE

As a courtesy, we will bill your insurance company for office visits. However, we ask that you pay any portion that we have reason to believe will not be covered by your insurance (i.e. deductible, copay, coinsurance, non-covered services). Full payment is due on the day of service.

IF YOU DID NOT OBTAIN A REQUIRED REFERRAL OR AUTHORIZATION FROM YOUR INSURANCE COMPANY OR PRIMARY CARE PHYSICIAN AND ONE IS REQUIRED, YOU WILL BE RESPONSIBLE FOR ALL CHARGES.

PLEASE NOTE: Several insurance companies do not pay for refractions. If your insurance is one of them, you will be responsible for the refraction fee.

MEDICARE PATIENTS

If you have Medicare as your primary insurance but no secondary insurance, then you are responsible for the 20% not covered by Medicare at the time of service.

Conroe

400 South Loop 336 West
Conroe, TX 77304
(936) 539-4500

Huntsville

3361 Montgomery Road.
Huntsville, TX 77340
(936) 294-0218

Woodlands

1011 Medical Plaza Dr., #200
The Woodlands, TX 77380
(281) 719-5214

SUBMISSION OF CLAIMS

Avery Eye Clinic will submit your insurance claim on your behalf; however, it is important to understand that your insurance is a contract between you and your insurance company. Although we file insurance claims as a courtesy to you, *you are still responsible for all charges not paid by your insurance*, such as deductibles, copays, coinsurance, and non-covered services.

Your medical insurance plan will only pay for services that it defines as "reasonable and necessary." If your carrier determines that a particular service does not meet its criteria under program standards, your plan will deny payment for this service. In the event that your insurance carrier determines a service is "not covered," you will be responsible for the complete charge for that service.

BALANCE DUE AFTER INSURANCE PAYS

If a balance is due after your insurance carrier pays, payment is due upon receipt of a statement from our office. Payment arrangements may be made for special circumstances by contacting the Billing Supervisor within 30 days of receipt of the invoice. *It is your responsibility to contact our office to make special arrangements.*

PAYMENT OPTIONS

Avery Eye Clinic accepts cash, check, all major credit cards, and Care Credit. There is a \$30 fee for all returned checks.

BILLING PROCEDURE

Patients will receive a statement with any outstanding balance once all applicable insurance companies have responded and payments have been posted.

MEDICAL RECORDS

A copy of your medical records is available to you at your discretion. A medical records release form must be filled out and signed by the patient prior to the release. One set of records is provided to the patient at no charge.

I have read and understand the Avery Eye Clinic financial policy and I agree to be bound by its terms. I also understand and agree that Avery Eye Clinic may amend such terms at any time.

Signature of Patient or Responsible Party if a
Minor

Date

Printed Patient Name