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**Patient Financial Policy**

Thank you for choosing Los Gatos Eye Care as your healthcare provider. We are committed to making sure your treatment is a successful experience. Please help us maintain accurate records by completing the necessary forms, and inform us of any changes on your account (address, telephone number, medical insurance, etc). As a patient of LGEC, we ask that you review the guidelines and expectations of the practice which help us give you the best and most timely care possible. It is your responsibility to read and understand this document. Your signature at the bottom of this document signifies your understanding of, and agreement with our financial policy.

**Privacy Policy (HIPAA)**

 As required by Health Information Portability and Accountability Act of 1996 (HIPAA) and California Law, this practice may not use or disclose your individually identifiable health information except as provided in our Notice of Privacy Practices without your prior authorization.

 In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for services, and to conduct health care operations involving our office. This Privacy Policy describes these uses and disclosures in detail.

**Insurance and Insurance Collection**

If you are unable to present a medical insurance card at the time of service, if you are covered by non-contracted insurance carrier, or if you are unable to obtain your eligibility by the time of your appointment, we require that you pay for service at the time of the service. If we are able to collect from your insurance company after your appointment, we will gladly issue you a refund.

Each and every insurance company has different plans with different benefits. Your health insurance coverage is an agreement between you and your health insurance carrier. Therefore you should understand your specific plan. If you are unsure of your plan, please call your specific carrier prior to your appointment to understand your benefits.

If we are contracted by your insurance company, we will bill your insurance company as a courtesy. In the event that we do not receive a reimbursement for our services within ninety (90) days, we will transfer the balance to you as your responsibility. We will not re-submit any unpaid insurance claims after ninety (90) days.

**Secondary Insurers**

We will bill your secondary insurer as a courtesy. You are responsible for any balances after your insurers have processed our claims. Having insurance, Medicare, and/or secondary or tertiary insurance, does NOT mean your services are covered 100%. All co-payments, co-insurance, and deductibles are your responsibility. Co-payments are due at the time of the service. This is a requirement of your insurance carrier.

**Medicare**

As a participating provider, we will bill your Medicare carrier. You are responsible for your annual deductible co-pays and refraction fee. Refraction fee is due at the time of your service. We will be glad to bill any secondary (or tertiary) insurance you may have once we have been informed that you have such coverage in effect. If any balance remains once Medicare and these insurers have processed our claims, we will transfer responsibility of payment to you, and send you a statement. Important reminder for Medicare enrollees: If you qualified for Medicare coverage and decided to enroll in a Medicare+Choice/Medicare Advantage plan (e.g. Secure Horizons, Blue Cross Senior Secure, SCAN) you may need to first get a referral from your Primary Care Physician (PCP) before a visit to Los Gatos Eye Care will be covered. Please call the number on your new insurance card for information from that plan. Medicare enrollees with “original” Medicare coverage can be seen at Los Gatos Eye Care without a referral.

**Vision Plans**

Vision plans are specific plans that cover services and/or materials purchased at Los Gatos Eye Care. As a contracted provider, Los Gatos Eye Care has agreed to accept a discounted rate from your plan for covered services and materials (glasses and contact lenses/services).

Although we attempt to calculate all material and exam overages in the office, at times there are other fees patients will owe after the insurance explanation of benefits is received. It is your responsibility to pay these fees, even after you have already received your glasses and/or contact lenses.

**There are certain fees specific to our office and/or vision care that may or may not be covered by your insurance. These fees include:**

**Contact Lens Fees**

Contact lens evaluation services are essential for renewal of your contact lens prescription. Fees are established according to the complexity of the case and the estimated time necessary to care for the individual patient. All contact lens fees are due at the time of service. By law, contact lens prescription is released only after a complete payment of the appropriate fees is received.

It is essential for quality of care to wear contact lenses to all examinations and contact-lens related office visits. If you arrive to the office not wearing your contact lenses, you may be asked to reschedule.

**Refraction Fee**

This is the necessary and obligatory part of eye examination that determines your glasses prescription. If you have routine vision benefits such as VSP and EyeMed, your refraction is included with your exam benefits once per year. However, most medical insurance carriers (including Medicare), do not cover the refraction fee. We require payment for this service at the time of your visit. If we receive a reimbursement from your insurance carrier, we will gladly issue you a refund.

Refraction might be necessary to repeat at different times for diagnostic purposes. Each time a refraction is performed more than three (3) months after your full eye examination, a fee applies. This fee is due at the time of the visit. If we are able to bill your insurance carrier for your visit and we receive a reimbursement for this service, we will gladly issue a refund.

**Retinal Imaging**

As part of our preventative health care package we include digital images of the retina and optic nerve. Such images are very valuable in the early detection and/or diagnosis (ie glaucoma, macular degeneration, diabetic retinopathy, hypertensive retinopathy). The fee for retinal imaging $39.00. In some cases, the fees may be covered by your Medical Insurance. The undersigned, whether signing as a patient or representative of the patient understands this document agrees to pay all fees in accordance with the rates and terms of Los Gatos Eye Care. If the account is referred to an attorney or collection agency, the undersigned agrees to pay actual collection costs, including attorney's fees, together with interest at the legal rate.

**PATIENT'S GUIDELINES AND EXPECTATIONS**

At Los Gatos Eye Care (LGEC) we spend extra time getting to know our patients in a professional, relaxing, and positive environment. Our goal at LGEC is to provide top quality care to our patients in a compassionate and professional environment. We do our best to stay on time with our schedule and give you our undivided attention. It is important to have all registration forms completed prior to your examination. If the forms are not complete at the time of your appointment, or you are late to your appointment, you may need to be rescheduled for a later date.

**Minor Patient**

The adult accompanying a minor and the parents (guardians) of the minor are responsible for full payment for services rendered to the minor patient. For unaccompanied minors, non-emergent or treatments unrelated to an ongoing care plan will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at the time of service has been obtained or verified.

**Divorce Decrees**

Los Gatos Eye Care is not a party to any divorce decrees. Adult patients are responsible for their bill at the time of the service. Financial responsibility for a minor receiving medical services rests with the accompanying adult. All fees are due at the time of service. Any reimbursement stated in a divorce decree are expected to be done within the involved parties.

**Credit Card On File**

Effective January 1, 2019, we require patients to provide a credit card for payment of co-payments, co-insurance amounts, and deductibles not covered by your insurance. The card will not be charged until the claim has been processed and we have received Explanation of Benefits (EOB) from your insurance carrier. You will receive the same EOB from your insurance carrier and/or Medicare. Once we have processed your credit card, you will receive a statement from our office. If you prefer not to have your credit card on file, you may pay for your services at the time of your visit. We will gladly reimburse you for any payment from your insurance carrier.

**Returned Check Fee**

There is a $25.00 banking fee for all returned checks. This sum is used to offset the fees incurred by Los Gatos Eye Care from our financial institution. If your check is returned from the bank, we may NOT ACCEPT an additional check as payment on your account. Future payments must be made with cash, money order, or credit card.

**Missed Appointment Fee**

If you are unable to keep an appointment, kindly call our office 48 hours prior to your appointment. We can then reschedule your appointment to a more convenient time. If you cancel without re-scheduling your appointment within 24 hours prior to your appointment, or if you fail to arrive to your appointment, we will assess a $50.00 missed appointment fee. Please do not rely on our automated appointment reminder services as your only reminder to keep your appointment, as we cannot guarantee this services, or that the phone number provided is accurate or functional.

**Request for Medical Records**

We are happy to provide a copy of your medical records upon a request in writing. First complete and sign a Release of Records form authorizing us to release your records. We cannot begin the process without this documentation. There is a charge for copying medical records. There is a fee of $0.25 cents per page printed/copied, plus reasonable clerical fees of $25.00/hour (charged in quarter hour increments), which includes the time spent in locating, acquiring, and copying the actual records plus postage fees. The records will not be sent until the fee is paid. These fees are set by the State of California (Health & Safety Code section 123110), not Los Gatos Eye care.

There is no charge for uncomplicated forms completed as part of an office visit (ex: school excuse for a child). If additional attention is needed, there may be a charge for completing the form based off your medical records. You will be informed of the cost prior to completing, so you can make an informed decision.

**Collections**

Los Gatos Eye Care will send you a statement after your insurance carrier has processed the claim and sent us an explanation of benefits (EOB). If no payment is received after 120 days, your account may be turned over to a collections agency. A $25.00 late payment fee will be added to your account to offset administrative fees when accounts are assigned to collections.

**Returns administrative fee**

In the event that eyewear and/or contact lenses need to be returned and we are able to offer you an exchange, we will retain $50.00 fee. This fee is assessed to offset administrative fees and postal fees when processing a refund and returning frame and/or lenses to the manufacturers.