



6601 S. Minnesota Ave., Suite 200, Sioux Falls, SD 57108

1-605-336-6294 / 1-800-888-1433

[www.ophthalmologyltd.com](http://www.ophthalmologyltd.com)

## PATIENT FINANCIAL POLICIES

### **Billing / Insurance Information:**

You must provide your insurance information and a copy of your ID card(s) at each visit. Payment of your required co-pay and any non-covered services are required at time of service. We may also request payment for deductibles and co-insurance if provided by your insurance carrier at time of service.

We participate or contract with most major insurance carriers, including Medicare and Medicaid, but it is your responsibility to confirm benefits and coverage prior to services provided. We will submit claims to your insurance carrier, but you remain responsible for any charges incurred regardless of your insurance coverage. All unpaid balances will be billed to you as self pay and are due and payable within 30 days of the statement date. Past due balances may be subject to outsourcing to a third party agency for collection.

Your insurance carrier can tell you whether we are contracted with them. For any insurance plans that we do not participate or contract with, you are responsible for any unpaid balance and if unable to pay in full you must make payment arrangements with our billing staff.

### **It is your responsibility to:**

- ✓ Know your insurance benefits and coverage.
- ✓ Know whether a referral is required.
- ✓ Know whether pre-certification for a procedure or surgery is required.
- ✓ Notify us of changes to your insurance plan or coverage.

*Managed Care Medicaid and Managed Care Insurance recipients MUST bring a copy of the referral card from your primary care physician or your appointment may be rescheduled. Your insurance card will state 'Referral Required' or contact your insurance carrier for verification. If you choose to be seen without a required referral, you accept responsibility for payment prior to services provided. (This does not apply to Medicare patients).*

### **Cosmetic and Elective Surgery:**

Fees for cosmetic or elective services not covered by insurance must be paid one week in advance of scheduled surgery or surgery may be cancelled. An **estimate** of fees will be provided prior to services provided. Final fees in excess of the estimated fees will be billed to you; overpayments will be refunded.

**Credit Cards:**

We accept Visa, MasterCard, and Discover credit cards. You may pay in person, on the phone, or securely and conveniently online on our website [www.opthalmologyltd.com](http://www.opthalmologyltd.com) under 'PAY MY BILL'.

**Financing with Care Credit:**

This program offers interest free loans on balances of \$300 or more that are paid within 18 months and interest-bearing loans on balances of \$1000 or more that are paid within 24-60 months. You may apply online at [www.carecredit.com](http://www.carecredit.com) or request details and an application from our billing staff.

**Payments and Payment Plans:**

As a convenience, you may use our secure form to pay your bill or request an approved payment plan online on our website [www.opthalmologyltd.com](http://www.opthalmologyltd.com) under 'PAY MY BILL'. This option offers one-time payments as well as automatic monthly credit card charges or bank account withdrawals. All payment plan requests must be approved by our billing staff.

**Pre-authorization:**

Our billing staff will assist in obtaining any required pre-authorizations and benefits detailing your financial obligations prior to your procedure or surgery.

**Refractions:**

Routine eye exams for glasses prescription are usually not covered by medical insurance plans. This exam must be paid at time of service.

**Self-Pay:**

Payment is expected at time of service. Payments may be made by cash, check, money order, or credit card.

***Minimum payment and balance due requirements:*** If you do not have insurance and are unable to pay in full we require a minimum payment of \$100 prior to providing office services as a new patient. For subsequent visits, a minimum of \$50 is required. Any balance due requires approved payment arrangements by our billing staff. Fees for additional services such as diagnostic tests, drugs, and surgery will also require approved payment arrangements.

**Surgery:**

We will provide an estimate of expected physician fees at your request, including anesthesia and facility fees if services are incurred at Ophthalmology Ltd Eye Surgery Center. You may also receive a bill from other providers of care such as pathology, lab, or other facility for some services.

**Vision Plans:**

We do not participate with Vision Plans but at your request we will provide a statement of services provided to you to submit to your plan.

***Please contact our billing staff to assist you with any questions regarding insurance coverage, pre-authorization, or financial arrangements:***

***605-271-6438 or 800-888-1433, Monday-Friday 8:00 a.m.-5:00 p.m.***