



## Financial and Billing Policy

**Self pay patients:** Self pay patients will be asked to pay a \$150.00 to \$250.00 deposit at the time of service and will be balance billed for any remaining amounts owed.

**Co-pay:** It is the patient's responsibility to know what their co-pay is and their obligation to pay at the time of service. If the co-pay is not paid at the time of service the appointment may be rescheduled or subject to a \$20.00 billing fee.

**Insurance Coverage:** It is the patient's responsibility to present their current insurance cards at each visit. If they do not have their cards with them at the time of service they will be responsible for all charges incurred. If the insurance card is presented after services are rendered, but not within the filing limit for the payer, the patient will be responsible for all charges.

**Participating Insurance Plans:** If Cincinnati Eye Institute is not a participating provider for your insurance plan, we will file the claims for you, but you will be responsible for paying the balance due on your account in full within 90 days.

**Referrals:** Some insurance plans require you to obtain a referral for services by a specialist, please review your policy to see if a referral is required prior to your visit with our office. If your referral is not on file at the time of your visit, you may be asked to reschedule your appointment or you will be responsible for all charges incurred on this date.

**Medicaid:** Cincinnati Eye Institute accepts most Medicaid plans. It is the patient responsibility to verify that the provider they are scheduled with participates in their selected plan.

**Returned Checks:** All returned checks will be subject to a \$25.00 returned check fee.

**No Show Appointments:** Appointments that are not cancelled within 24 hours of the appointment time may be subject to a \$25.00 no-show fee.

**Past Due Accounts:** All accounts are considered past due if not paid within 90 days of patient responsibility date. Past due accounts may result in the account being referred to an outside collection agency and may be subject to the refusal of future appointments or dismissal from the practice.

**Vision Benefits:** CEI does not participate with any vision plans. Please be advised that some employee plans do have routine vision benefits. However, these vision benefits may be provided by a different carrier (like Block Vision or USA Vision). We may be participating providers with your medical plan but not your vision plan. Please contact your carrier to verify if you have a separate vision plan.

**Refractions:** Refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary in order to write a prescription for glasses or contact lens. Medicare and most medical insurances do not cover the fee for refractions. The patient is responsible for this fee and it is payable at the time of service. We can, at your request, file your refraction charge with your insurance plan. If your insurance policy pays this fee, we will then refund your payment.