

Risser Eye Clinic LLC

BILLING POLICY 2025

Our expectations:

We count on you, the patient, to provide current and accurate insurance information. You must advise us who your primary plan is and who your secondary plan is, if two plans exist. We do not bill a third plan.

We expect our patient to pay the portion assigned to you by your insurance company at the time of service.

If you have co pays and deductibles we will collect them at the time of service. Your insurance contract states, that your doctor can expect co pay and deductible payments at the time of service. The electronic information supplied to us by your insurance company advises us of your cost share. We will collect those dollar amounts at the time of service. If the amounts are not specified or are incorrect we will balance bill you for those corrected amounts after we receive the explanation of benefits from your insurance company.

It is not legal to write-off co pays or deductibles; this is a contract obligation on the part of our practice, doing so places us at risk for fines and the loss of that plan contract.

We must follow the plan rules; therefore if a referral or authorization is necessary and you do not wish to follow those guidelines, we will be happy to provide your care as a cash patient.

There are services that are not considered medical care; these services will be cash services. We provide two types of care: medical eye care and routine eye care. It is important that we understand the type of services you want each time you come into our office so we can process your charges correctly. Routine care (glasses and contact lenses) very rarely bill to your commercial medical carrier, and never bill to Medicare.

If you provide inaccurate insurance information and our billing department bills the wrong company or an expired plan, we will assess a \$25.00 billing fee to you for additional billing costs. If co pays are not paid at the time of service we will assess a \$25.00 billing fee to you for billing costs. Thank you for understanding.

I understand this written policy.

Patient: _____date_____

Witness_____date_____

Thank you for providing accurate information so that we can streamline your claim process.