



# IDAHO EYE *and* LASER C E N T E R

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## **THE IDAHO EYE CENTER AND YOUR INSURANCE**

The physicians in our office are specialists who have received extensive training in health services of the eye. The fees for the services we provide are established based upon the skills, training, and time required by the physician to complete your examination and/or procedure. You may expect the charge for your first appointment and for subsequent follow-up visits to be:

New Patient and Established Patient Examinations:                      from \$75.00 to \$250.00

These fees represent the examination only and do not reflect any charges for Special Diagnostic Testing.

## **REFERRALS**

Medicaid Healthy Connections require a referral from the Primary Care Physician. Referral forms should reach our office prior to your appointment, or you may bring it with you the day of your examination. If we do not have a referral for you on the day of your appointment you have the option of rescheduling your appointment, or you may elect to proceed with the visit, but you will be required to pay for services in full at that time.

## **PLEASE CONTACT YOUR INSURANCE COMPANY TO VERIFY THAT WE ARE A PARTICIPATING PROVIDER WITH YOUR PLAN**

## **SUBMISSION OF INSURANCE CLAIMS**

To assist our billing staff in submitting your insurance claims we will check eligibility, verify benefits and check for pre-authorization requirements with your primary insurance prior to surgery. Please remember that verification of benefits is not a guarantee of payment. Your insurance company reserves the right to process or deny benefits upon receipt and review of all claims.

The Idaho Eye Center will submit your Primary and Secondary insurance claims any Tertiary insurance coverage will be your responsibility to submit for reimbursement.

## **INSURANCE BENEFITS**

Insurance companies base the amount they pay on their allowable and the policy's deductible.

- Allowable: What the insurance company has established as the dollar amount upon which they base their payments for the service / procedure.
- Deductible: Your payment responsibility each policy year and / or with different types of services.

- Co-payments: designated dollar amount, separate from co-insurance, that the insured is financially responsible for and must pay to a Provider at the time certain Covered Services are rendered.

The allowances made by your particular insurance company are separate and apart from the fees that we charge. When a non-participating company does not allow or pay all of a given medical expense, the wording they often use is “the fee charge exceeds the usual and customary allowance for this procedure.” This means your policy does not fully pay for the services due to policy limitations-not that the fee is excessive. You are responsible for the entire balance after your insurance pays their allowable benefits.

**You are also responsible for all co-pays and deductibles as specified by your insurance company at the time of service. Balances are due 120 days after you insurance has paid its portion of benefits.**

Our insurance policies:

- Your insurance policy is a contract between you and your insurance company; we are not a party to that contract.
- If your insurance company has not paid your claim within 45 days, the balance will be due and payable by you. If you have a secondary or supplemental policy the balance will be due after 60 days. We will also work with you to establish payment arrangements if necessary. These arrangements need to be made prior to services received.
- Insurance payments that you receive directly must be forwarded to the Idaho Eye Center.

***The Idaho Eye Center will begin charging a “Late Payment” fee of 1.5% per month (18% annually) on all past due accounts starting on January 1, 2016. This charge will apply to patient balances that are still owed 120 days past the date the balance is turned to “patient responsibility”. To avoid the interest charge, your account must be current at all times. We have seen a dramatic increase in patient balances over the past three years due in large part to changes mandated or trickled down by the “Affordable Care Act”, which results in high deductibles that most insurance plans now require.***

***For questions related to the interest charge, contact our Financial Department at (208) 524-2025. Initial and date that you have read and understand this paragraph.*** \_\_\_\_\_

**YOUR INVOLVEMENT**

The Idaho Eye Center will work closely with you to obtain the maximum benefits from your insurance company. While we make every effort to help patients receive their insurance benefits, insurance companies are often more responsive to their customers, the patients. To improve the payment process, our office may ask you to contact your insurance company personally.

Print Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Representative if Patient is a Minor or Unable to Sign: \_\_\_\_\_