

# SAN DIEGO EYE AND LASER CENTER

## FEES AND PAYMENT POLICY

### FEES

Charges for office visits and surgery are determined by the severity and the complexity of your eye problem and the time and technology needed to treat the problem. Our fees are comparable with those of other ophthalmologists and we have made every effort to keep our fees as low as possible.

### PAYMENT POLICIES

**PRIVATE PAY** – We are a provider for most insurance plans, however, in the event that we are not a provider, payment for services is required at the time of your visit. At the end of each office visit, you may request a copy of the “Statement of Services Rendered” that itemizes all charges. You may pay by cash, check, MasterCard or Visa. To file a claim with your insurance carrier for an office visit, attach a copy of the “Statement of Services Rendered” to the insurance claim from provided by your insurance carrier and send it to them for reimbursement.

**MEDICARE** – We are **MEDICARE PARTICIPATING PROVIDER** and therefore we will bill your claim to Medicare. We will bill your secondary insurance, unless it is an out of state plan that directly pays the patient, then your share of cost (20% of Medicare’s allowable charge) is due at the time of service. Medicare’s annual deductible is collected at the time of service. If you have Medicare without any secondary, then you will be responsible for 20% of the Medicare allowable at the time of your visit.

**PPO INSURANCE PLANS** - We participate in numerous preferred provider insurance plans. Insurance cards must be presented to verify coverage. If we are a provider for your plan we will bill your insurance carrier directly. Co-payments and deductible amounts are collected at the time of service

**HMO INSURANCE PLANS** – We are a provider for SCMG Metro. Insurance cards must be presented to verify coverage. Co-payments are required for each date of service. There are no exceptions. Co-payments are collected at the time of service. Failure to have your co-payment will result in rescheduling of your appointment. If you are an HMO patient and are not assigned to SCMG Metro, you will become responsible for the total amount due.

**REFRACTIONS** – A refraction is the testing of one’s vision to determine the glasses prescription and is considered vision care. Medicare and most medical insurances do not cover refractions. There is a \$69.00 charge for a refraction that is payable at the time of service. We are providers for VSP.

**OPTICAL** – Although we are full service providers with an optical shop, there is no lab in house, and all glasses orders will need to be shipped out. If an order is cancelled, the patient may be charged a cancellation, laboratory or restocking fee to cover our cost for any cancellation. We cannot guarantee any order for glasses with a prescription by an ophthalmologist or optometrist outside of our office.

**CONTACT LENSES** – We require a full medical eye exam for all new patients prior to your contact lens fitting to ensure the health of your eyes and rule out any other vision problems, Contact lens fitting is considered “vision care” and may not be covered by insurance. We have a contract with VSP so we may be able to bill them for you. The fees for a new contact lens fitting generally range from \$300 - \$450. If you are interested in contact lenses, we will be happy to discuss the specific fees with you. If you are a current contact lens wearer and require refitting, the professional fee is \$149.00 for refitting plus the cost of the lenses.

**ELIGIBILITY** – It is your responsibility to make sure that you are currently eligible under your insurance plan. If your insurance company denies your claims stating that you were not eligible at the time services were rendered, you will then become responsible for the total amount due.

**WORKMAN’S COMPENSATION INSURANCE** – Work related injuries declared a **WORKMAN’S COMPENSATION INJURY** would be billed to the employer’s insurance carrier. Patients must be prepared to provide claims services information.

**MISCELLANEOUS FEES** –Return check fee: **\$30.00** for each returned check. Missed appointment or cancellation without 24 hours notice are **\$50.00**. Medical records copy & release: **\$40.00**. Department of Motor Vehicle (DMV) forms: **\$30.00**.