

Statement of patient financial responsibility:

New York Laser Vision appreciates the confidence you have shown in choosing our ophthalmology practice to provide for your vision care needs. The service(s) you have elected to participate in implies a financial responsibility on your part. It is your responsibility and absolute obligation to ensure payment in full for our fees. As a courtesy, we will make every effort to obtain accurate information from your insurance carrier, if any, and verify your insurance coverage and your insurance carrier on your behalf. **However, please note that verification of benefits and acceptance of assignment of your insurance benefits is not a guarantee that your insurance carrier will pay our claims in full.**

YOU ARE ULTIMATELY RESPONSIBLE FOR THE PAYMENT IN FULL OF THE FEES FOR SERVICES RENDERED TO YOU BY NEW YORK LASER VISION!

INSURANCE IS ACCEPTED UNDER THE FOLLOWING CONDITIONS ONLY:

You are responsible for payment of any co-payment at the time of service and promptly upon receipt of a bill for any deductible/coinsurance as identified by your insurance carrier. Many insurance companies have additional stipulations that may affect your coverage. **You are responsible for any amount not covered by your insurer.** You agree to pay all deductibles, coinsurance, copayments, fees (in full) for non-covered services and other fees deemed "patient responsibility" by your insurance carrier upon adjudication of the claim submitted on your behalf for the services rendered to you by New York Laser Vision. You are fully and solely responsible for obtaining any necessary referral(s) from another physician(s) prior to your appointment date and providing such referral(s) to our office at the time of your appointment. **Please note that any claim payment(s) denied due to lack of a referral become the patient's responsibility.**

I have read the above policy regarding my full financial responsibility to New York Laser Vision for services provided to me (or the above named patient). I certify that the information provided is, to the best of my knowledge, true and accurate. I authorize my insurer to pay any benefits directly to New York Laser Vision. I agree to pay New York Laser Vision the full and entire amount of all bills incurred by me (or above named patient); or if applicable, any amount due after payment has been made by my insurance carrier

CO-PAYMENT POLICY:

Some health insurance carriers require the patient to pay a co-pay for healthcare services rendered. In accordance with the applicable laws and regulations, it is the policy of our practice that **co-payments are paid in full at the time of the visit.** Your full cooperation is appreciated.

Deductible Policy:

Credit Card on File and Electronic Agreement:

All patients with private insurance are required to leave a credit card on file.

Patients must sign an electronic agreement authorizing New York Laser Vision to charge the credit card on file for deductible payments and any other applicable fees.

Deductible Deposit Policy

Patients are required to pay a **\$200 deposit** toward their deductible at the time of each regular visit until their annual deductible is met.

This deposit will be applied toward the total cost of the visit. Once we process the claim with your insurance, if your insurance plan assigns a patient responsibility greater than \$200, you will be billed for the remaining balance.

If your insurance does not assign any patient responsibility for the visit, the \$200 deposit will be refunded to your **original payment method**.

Procedure and Pre-Op Testing Fees:

Different fees may apply for patients coming in for procedures or pre-operative testing. The specific fees will be communicated to the patient prior to the scheduled procedure or testing.

Meeting the Deductible: Once the deductible is met, patients will no longer be required to pay the \$200 deposit for regular visits. Any overpayments made toward the deductible will be refunded or applied to future services, as appropriate.

CONTACT LENS/GLASSES FEE AGREEMENT

Contact lens fittings and prescriptions are commonly not covered by medical insurance. As a result, you will be responsible for any fees associated with receiving contact lenses.

The contact lens fitting fee is \$150.00.

You do not receive your final contact lens prescription on the first day of your fitting as there is a mandatory trial period of at least 1 week to test out the comfort and fit of your contact lenses before finalizing your prescription.

If you have astigmatism, there is an additional \$50 fee as the trial contact lenses must be ordered custom-made for your astigmatism by our office (an additional visit is required to fit you with them when they arrive). You will be contacted by our office when your contact lenses have arrived so that you may schedule your appointment.

Fee for standard contact lens fitting: \$150

Fee for contact lens fitting with astigmatism: \$200

Fee for multifocal contact lenses fitting (for distance and reading): \$300

Fee for contact lens re-fitting, or updating your prescription: \$75

The cost of the contact lenses is NOT included in this price and you must order them separately after receiving the finalized contact lens prescription.

REFRACTIVE EYE EXAMINATION FEE AND GLASSES PRESCRIPTION POLICY

In accordance with the Fairness to Contact Lens Consumers Act (15 U.S.C. § 7601) and the FTC's Eyeglass Rule (16 CFR Part 456), our practice is committed to providing patients with their prescriptions promptly and without undue conditions.

Refractive Examination Fee:

For patients with private insurance plans that typically do not cover the refractive portion of an eye examination (the component that determines the need for corrective lenses), we charge a separate fee of \$75. This fee specifically covers the refraction necessary to produce an accurate eyeglass prescription.

Prescription Release:

- Patients will receive a copy of their eyeglass prescription immediately after the completion of the refractive eye examination, regardless of whether they request it.
- The prescription will be provided in paper form or, with the patient's verifiable affirmative consent, in a digital format that can be accessed, downloaded, and printed.
- We will request that patients acknowledge receipt of their prescription by signing a confirmation statement, as required by the updated FTC regulations.
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Insurance Reimbursement:

While the \$75 refractive fee is typically not covered by private insurance, we are happy to provide an itemized bill upon request. Patients may use this documentation to submit a claim to their insurance provider for potential reimbursement.

Transparency and Communication:

To ensure clarity, our staff will verbally inform patients about the refractive fee prior to the examination. This practice promotes transparency and allows patients to make informed decisions regarding their eye care services.

By adhering to these guidelines, we aim to uphold our commitment to patient rights and regulatory compliance. If you have any questions or require further assistance, please do not hesitate to contact our office.

Prescription Confirmation Statement

New York Laser Vision

I acknowledge that I have received a copy of my:

- ☐ Eyeglass Prescription
- ☐ Contact Lens Prescription
- ☐ Both

I understand that I am free to use my prescription to purchase glasses or contact lenses from any provider of my choice.

I have not been required to purchase any products or pay any additional fees to receive my prescription(s).

Patient Name (Printed): _____

Patient Signature: _____

Date: _____

Credit and Debit Card Payment Policy

Please be advised that our practice uses payment terminals that apply a **3.5% convenience fee** on all **credit card transactions**. This fee is **automatically charged by the terminal provider** and does not apply toward your payment to the practice.

- **Credit Card Payments:** Subject to a **3.5% convenience fee**
- **Debit Card Payments:** No fee is applied
- **Cash or Check Payments (if accepted):** No fee
- This **convenience fee cannot be waived**, refunded, or removed.

If you prefer to avoid the convenience fee, we encourage using a **debit card** or **cash** (where accepted).

PRE - AUTHORIZED CREDIT CARD PAYMENTS

I authorize **A&D Medical / Yuliya Giyaur, MD** to keep my card on file and to charge my account for balances of charges not to exceed \$350.00 for clean claims with balances for coinsurances and deductibles which are reflected on explanation of benefits. I assign my insurance benefits to the practice listed above. I understand that this form is valid until I cancel the authorization through written notice to the health care provider. I understand I must notify the practice of any card renewals or account changes.

If you decide not to keep a credit card on file with our office, we will collect an estimate of co-payments, deductible, coinsurance, or any non-covered services at the time of service.

CREDIT CARD ON FILE POLICY

Thank you for choosing **A&D Medical / Yuliya Giyaur, MD** for your vision needs.

We are committed to providing you with exceptional medical care, as well as, making our medical billing processes as simple and efficient as possible.

To streamline our billing and payment system and to provide a seamless, convenient way for patients to pay their bills, **starting July 25, 2023**, we now are requiring that you provide a credit card (Visa or MasterCard) on file with our office. We run our payments through our HIPAA-compliant, secure practice management software. When you come in, we will scan your card with a card reader. Your payment information is stored on secure servers for future transactions. Office personnel will not have access to your card. For your protection, only the last 4 digits of your card will show in our system.

Credit Card on File will be used to pay account balances after insurance adjudication. Once your insurance has processed your claims, they will send an Explanation of Benefits (EOB) to both you and our office showing what your total patient responsibility is. You typically receive the EOB before we do, so if you disagree with the patient responsibility amount owed, it is your responsibility to contact your insurance carrier immediately. Circumstances when your card would be charged include but are not limited to: missed co-payments, deductible and co-insurance, any non-covered services and/or denial of services.

Notes:

- During the time you leave a credit card on file, if it expires or otherwise becomes uncollectable, we will expect you to promptly provide a new means of payment.
- Credits on your account after your insurance claim has been adjusted will be returned to the credit card on file.
- Ultimately, you are responsible for knowing what services are covered, how often, and how much of the cost is your responsibility. You will be responsible for any portion of services that your insurance does not cover.
- To avoid any issues of discrimination or favoritism; all patients will be required to have a credit card on file regardless of insurance or visit type.

FAQs

Q. When I booked my appointment, the receptionist told me I have to keep a credit card on file with the office. I've never heard of that before.

- This is not surprising that this is new to you. Credit Card on File (CCOF) is the new standard in the healthcare industry nationwide, and soon all of the high-quality medical practices will adopt it. We are definitely not the first to do this. Insurance reimbursements are declining and the expectation is that health care providers find ways to become more efficient. This year with the Affordable Care Act and the Health Exchanges, we are seeing a massive increase in patient deductibles. These factors are driving many doctors' offices to either squeeze more patients into shorter periods of time or to stop accepting insurance. We have decided to focus on becoming more efficient instead.

Q. How does CCOF work? I'm nervous about giving up my sensitive financial information.

- It's a convenient payment method in which you authorize your doctor to automatically bill your account for charges not covered by your insurance. Your card information is securely protected by the credit-card processing component of our HIPAA-compliant practice management system. This system stores the card information for future transactions using the same sort of technology that credit card company's use. We cannot access the entire card number - we only can see the last 4 digits. There is no way to export the card information out of our system. We can only use it to process a payment in our practice management system, which creates an indelible record (one that cannot be deleted).

Q. How the credit card on file system works to drive down administrative costs?

- Our staff will now spend less time entering credit card information for each transaction. We also don't have to send out as many statements, which saves trees, money and time. Once your CCOF is in our system, check-in and check-out time is much shorter for you as well.

Q. I always pay my bills on time. Why do I have to do this?

- The entire billing process is wasteful but the few patients that we have to bill multiple times or even send to a collection's agency do cost us a lot of time and expense. Reducing unnecessary costs are essential for us to continue to accept insurance and Medicare. This new process dramatically cuts down on the administrative costs associated with billing. Nothing is changing about how much you pay. When you come into our office and receive a service, you do so with the understanding that you are ultimately responsible for the cost of your care. We bill your insurance company for you, and we have contracts with most insurance companies that help to get you the best possible coverage for your care. CCOF will only cover your responsibility after your insurance pays its contracted share.

Q. Can my doctor charge my account for amounts not specified on the form?

- No. Your doctor is only authorized to bill your account up to the maximum amount that you indicate on the form. Phone authorization is needed for amounts exceeding the fees you have approved.

Q. How the CCOF process benefits patients?

- First and foremost, it is far more convenient for you - you don't have to call the office or buy a stamp or worry about getting around to paying the bill. It takes the hassle out of the process, especially for patients who have HSA cards to pay for their medical care. If you get your statement and want to use a different card, pay by check, or discuss a payment plan, you may still do so as long as you do so promptly.

Q. What if there is a problem with my bill and I don't notice it until after the payment processes?

- We hope that this doesn't happen. And although we love technology in this office, we routinely review the accuracy of claims processed by insurance and will contact you if we find a problem. But, if you find a problem, call us and we'll investigate it. If we owe you money, we will refund it promptly to the same card