


Financial Policy

****Please Read Carefully****


Thank you for choosing Central Arkansas Ophthalmology as your medical provider. We are committed to providing the best care possible to our patients.


MEDICAL INSURANCE: All patients must furnish and/or update us with valid and current proof of medical insurance coverage at EACH visit. If you provide false or expired insurance information you may be responsible for the full balance of your visit. Please notify us of any changes in insurance coverage prior to the time of service. Insurance denials for termination of coverage will automatically be billed to you. It is your responsibility to confirm PRIOR to your visit whether we are a participating provider with your insurance carrier. We do not file motor vehicle insurance for claims arising from a motor vehicle accident.

VISION INSURANCE/REFRACTIVE EXAMS: Our physicians are medical doctors. As such your physician is required by law to document any medical diagnosis that is discovered during your exam. If the physician determines a medical diagnosis, unless otherwise restricted, your medical insurance will be billed for the visit. If you would like your visit to be billed as a refractive eye exam only, you must notify us at check-in PRIOR to your exam. **We will not re-submit a claim to a vision insurance carrier after the claim has been filed with your medical insurance.** We do not accept all vision insurance plans. It is your responsibility to confirm PRIOR to your visit whether we are a participating provider with your vision insurance carrier. 

CLAIM SUBMISSION: We will submit your insurance claims promptly and assist you in any way reasonable to help get your claim paid. It is your responsibility to comply with your insurance policy and supply any information requested to successfully process the claim.

REFERRALS: If your insurance plan requires approval from a primary care physician or pre-authorization for services it is your responsibility to obtain this PRIOR to services rendered.

COPAYS/DEDUCTIBLES/COINSURANCE: If your insurance requires that you pay a co-pay for specialist care, **you will be expected to pay the co-pay at the time of service.** We do not bill for co-pays. Deductibles and co-insurance are contractual obligations between you and your insurance carrier and are the responsibility of the patient after settlement of your claim by your insurance carrier. Any questions concerning your plan should be directed to your insurance carrier. 

REFRACTIONS: A refraction is a test to determine if corrective lenses are needed for optimal vision. The physician uses the results of this test to finalize any glasses or contact lens prescriptions. Refractions are considered a non-covered service by Medicare and most commercial medical insurance carriers. Therefore, **we will collect this fee at the time of your visit.** If upon submission of the claim to your carrier, your carrier pays for the refraction, you will be refunded amounts previously paid by you for this test. 

NO INSURANCE/OUT-OF-NETWORK: If you do not have insurance or if you have opted to accept services outside of your network, payment in full will be due at the time of service. If you are unable to pay your balance in full, you will need to make payment arrangements with our Patient Accounts Representative PRIOR to being seen.


MISSED APPOINTMENTS: Missed appointments represent a cost to us, but also an inability to provide services to another patient. We require 24-hour notice of cancellation. Failure to provide the required 24-hour notice may result in a cancellation fee charged per appointment missed. Patients who continually cancel or miss appointments without the required notice may be terminated as a patient in this clinic.

DELINQUENT ACCOUNTS: Statements will be mailed for all outstanding balances after insurance processing is complete. If the account remains unpaid after initial attempts to collect the balance by mail, we will attempt to reach you by phone to settle your account. If the account remains unpaid after all attempts by our office to collect, the account will be turned over to an outside collection agency for further debt collection procedures. All returned checks are processed through a collection agency.

CONTINUED ON REVERSE

KATHERINE H. BALTZ, M.D. • EDWARD M. PENICK III, M.D. • DAVID R. ROZAS, M.D.

We accept Cash, Check, MasterCard, Visa, Discover and American Express.

OPTICAL: Our optical shop offers a full range of eyeglasses & accessories. It is the patient's responsibility to provide all vision insurance information PRIOR to the time of purchase if applicable. We do not accept all vision insurance plans. It is your responsibility to confirm PRIOR to your visit whether we are a participating provider with your insurance carrier. Each vision insurance carrier requires us to use a specific lab for glasses covered under their plan. Therefore, **we are unable to go back and file a claim to a vision insurance carrier after the original date of purchase**. After an order to make lenses has been placed, we cannot undo the order. 

GLASSES MADE ELSEWHERE: Due to the varying levels of lens quality and skill in outside labs, Arkansas Eyewear cannot be responsible for problems incurred when your glasses are purchased elsewhere such as the Internet or another provider. In the event you have a problem with your prescription glasses made elsewhere, we will verify that the lenses were made according to our current prescription on file for you at no charge. However, we are not able to further troubleshoot problems with glasses made/ordered elsewhere. If a Physician needs to recheck your glasses, there will be a charge for an office visit. If your glasses are purchased here, there is no charge for rechecks/adjustments. We will honor prescriptions for glasses prescribed by outside physicians. There is a charge for the PD measurement required for glasses made elsewhere.

PATIENT'S OWN FRAMES: Although we are careful when manufacturing, adjusting, and inserting lenses into our patient's own, previously worn frames, older frames will occasionally break in the process. Plastic frames become brittle, and solder points on metal frames can weaken with wear over time due to quality, age, and/or material. Therefore, our optical shop and outsourced optical labs cannot be held responsible if breakage occurs during the process of adjusting or placing new lenses in older frames. Frame manufacturers regularly discontinue old frame styles as they launch new ones. Because of this, we may have difficulty obtaining replacement parts for your own, previously worn frame if breakage occurs. If you choose to have Arkansas Eyewear order new lenses for your previously worn frame and the frame breaks during the process of inserting/adjusting, you will be responsible for the purchase price of new frames and ophthalmic lenses cut to fit into the new frame. There will be a charge for ordering lenses to be placed in patients' own, previously worn frames.

WRITTEN PRESCRIPTIONS: If applicable, a written prescription for eyeglasses and/or contact lenses will be given to any patient that receives a refractive eye examination. This is not applicable to patients who receive only an eye health examination. There is no charge to receive this initial copy of the prescription and no requirement that eyeglasses or contact lenses be purchased here. Each patient that receives the initial copy or subsequent copies, will be required by the FTC to sign acknowledging receipt of the prescription. The expiration date for written prescriptions for eyeglasses or contact lenses will be one year from the date of the applicable exam unless the patient receives an additional refractive eye exam before that one-year period. The written prescription does **NOT** include the pupillary distance of the patient.

CONTACT LENS POLICY: Payment for all contact lenses must be paid at the time you pick up your lenses. We keep a small inventory of two-week and monthly lenses in our office. However, if your prescription is not in our inventory and must be ordered, please allow five working days for your lenses to come in. A maximum of two pairs of trial lenses will be allowed for new contact lens wearers or if your contact lens prescription changes. Trial lenses provide the patient with a chance to evaluate lenses prior to placing a new order and cannot be dispensed as a supplement to avoid placing an order. Most contact lenses prescribed by our physicians are available to purchase on our website to expedite the ordering process. Contact lens prescriptions are valid for one year. If it has been a year since your last eye exam, you will need to schedule an exam prior to placing your order unless the prescribing physician authorizes otherwise.

A contact lens consultation fee will be charged for all new contact lens wearers and annually thereafter or for any changes in the contact lens prescription including type, size, brand, or wear type of lens. The purpose of the contact lens consultation is to find the most appropriate contact lens for each patient's optimal comfort and vision and to ensure the health of the contact lens wearer's eyes. The charge for the consultation fee will be based on the complexity of the fit, the type of lens required and the contact lens history of the patient. In most cases, insurance companies consider contact lenses to be elective or cosmetic and therefore do not cover the lens order or the consultation fee. Most vision carriers will pay annually for the comprehensive eye exam OR the contact lens consultation but not both. Therefore, all contact lens consultation fees are expected to be paid by the patient prior to placing an order, regardless of availability of vision insurance.

***I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY CENTRAL ARKANSAS OPHTHALMOLOGY.
I UNDERSTAND AND AGREE THAT THE TERMS OF THE FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY
TIME WITHOUT PRIOR NOTIFICATION.***

Signature of Patient/Responsible Person: _____ Date: _____