



Patient Information

JAX VISION CARE, P.A. FINANCIAL POLICY

Thank you for choosing Jax Vision Care as your ocular healthcare provider. We are committed to providing the best medical care possible. Please understand that payment for your services is essential for us to continue to do so. All payment is due at the time services are rendered or materials purchased unless other arrangements are made PRIOR. The following paragraphs explain our financial policies.

We participate with most insurance plans/policies, including Medicare and Medicaid. For some insurances, we accept assignment of benefits, but in ALL cases, the person responsible for payment (guarantor), is personally liable for all balances or procedures not covered by insurance. Please be aware that some, and perhaps all, of the services provided may be non-covered services or may not be considered medically necessary under Medicare guidelines. If you are not insured by a plan that we participate with, or are but do not have an up-to-date driver's license or form of government issued identification and/or a current insurance card, payment in full is required at the time of service. If there are any changes with your insurance coverage, please notify our office as soon as possible PRIOR to your next appointment. Failure to do so could result in payment for services being patient responsibility.

USUAL AND CUSTOMARY RATES

We charge what we believe to be usual and customary rates for our specialty and region to our patients and insurance companies. If your insurance company uses a different fee schedule, you will be responsible for any leftover balance.

CLAIMS SUBMISSION

We file claims to your insurance company for payment as a service to you. We will assist in any way to get your claims paid in a timely fashion. It is your responsibility to comply with any requests from the insurance company regarding information for payment. The contract with the insurance company is between you and the company; we are not party to such contract. If your insurance company does not pay your claims within 45 days, the patient is responsible.

DELINQUENT/PAST DUE ACCOUNTS/ CANCELLATION POLICY

In some instances, we may bill a patient after services are rendered as a courtesy and expect payment within a timely manner. If balances exceed 90 days, the account is considered delinquent or past due and a \$15 billing fee will be added to the current balance. If the account continues in this manner, \$15 will be added to each monthly statement. Accounts with balances exceeding 180 days will be sent to a collection agency and the patient or guarantor will be responsible for all additional fees, including but not limited to agency fees, court costs and attorney's fees. Also, a 1099 will be issued to the IRS for cancellation of debt. Once this step has been taken, Jax Vision Care, P.A. will continue care for 30 days for emergency situations and only on a cash basis. We kindly ask that a 24 hour notice be given for cancellation of an appointment. Failure to do so will result in a \$25 fee to be paid immediately.

CO-PAYMENTS AND DEDUCTIBLES

All co-payments and deductibles are due at the time of service. This is part of your contract with your insurance company. Failure to pay/collect could be considered insurance fraud. If co-pays and deductibles are not paid at the time of service, there will be a \$15 billing fee added to your account that will not be covered by your insurance company.

RETURNED CHECKS

Checks that are returned for any reason will incur a \$15 returned check fee in addition to any fees Jax Vision care, P.A. may incur from the bank. These fees are not covered by insurance and are expected to be paid immediately by cash or credit card to prevent legal action.



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HIPAA

NOTICE OF PRIVACY PRACTICES

I have been provided the opportunity to read, or have it read to me, the Notice of Privacy Practices at Jax Vision Care, P.A.

I understand that Jax Vision Care, P.A. is committed to treating and using protected health information about me responsibly. I understand how information and records may be used and disclosed. I understand that my health record is the physical property of Jax Vision Care, P.A., but the information belongs to me. I have a right to obtain, inspect, and amend a copy of my health record. Any costs associated with this will be my responsibility and must be paid prior. Written requests must be made to the Privacy Officer. I understand that Jax Vision Care, P.A. is required by law to maintain the privacy of my health information. They will require my written authorization to release my information to outside sources with the exception of disclosures for treatment, payment and healthcare operations. These disclosures may include: access to my information by Jax Vision Care, P.A. staff and doctors; billing to me or a third party; in addition, business associates of Jax Vision Care, P.A. Upon the physicians' best judgment, Jax Vision Care, P.A. may disclose to a family member, relative or close personal friend or any other individual I identify, health information relevant to that person's involvement in my care. Health information may also be used for research data, organ procurement, marketing, FDA, public health or legal authorities and/or law enforcement authorities.

Jax Vision Care, P.A. may call or write me with appointment reminders, cancellations and may leave voice mail messages at home or place of employment as well as on my mobile phone.