

## **INSURANCE AND BILLING**

Our office policy is to bill any insurance plan with which we have a contract. The exception to this is; in the event a Medicare patient has additional insurance we will file one supplement to Medicare even if we are not contracted with the plan. A third or fourth policy will not be filed unless we have a contract with the insurance. If we do not participate with your plan, payment is expected at the time of service unless prior arrangements have been made. **If you are not sure if we participate with your insurance, contact member services at the phone number on your insurance card. PATIENTS ARE RESPONSIBLE FOR KNOWING THEIR INSURANCE BENEFITS AND REQUIREMENTS AS WELL AS WHICH PHYSICIANS PARTICIPATE WITH THEIR INSURANCE PLAN.**

You are responsible for notifying our office, upon arrival, of any changes in insurance or insurance cards. If you do not have your insurance card with you, you will be responsible for the bill until we have a copy of the card for the chart. Due to the national increase in identity theft we can no longer accept insurance information over the phone. We will need a copy of the insurance card itself in order to file a claim for you.

### **ROUTINE VISION COVERAGE**

Routine eye exams are different than medical exams. An exam is considered “routine” if the reason for your exam is to determine if you need a glasses/contacts prescription or a change in your current prescription. This part of the exam is typically only covered by vision insurance. An exam is considered “medical” if the reason for your exam is to evaluate an eye-related medical complaint or disease or if the ophthalmologist performs an eye exam on a regular basis to follow a medical condition.

Your exam will be billed according to the **reason you give for your exam**. If you have a medical problem and also need a lens prescription your exam will be billed as medical. This information is important because some vision plans are separate from the medical plan and the only vision plans we participate with are Vision Service Plan (VSP) which is limited to their Signature, Access, Access Plus and Exam Plus options, Opticare, EyeMed Access Plan and Physicians Eyecare Plan. Please contact the member services department on your insurance card to see if your vision plan is separate from your medical plan. Please note, Rock Hill Optical Services bill for materials separately from the Rock Hill Eye Clinic. Please notify both services if you have one of these vision plans.

### **STATE EMPLOYEE INSURANCE PLAN**

The charge for the SC State Employee Vision Discount Plan is \$60.00 for a routine eye exam every 12 months. Please remember the discount does not apply to medical exams and payment is required at the time of your exam. If you do not have the payment when you come in you may be asked to reschedule your appointment. This charge is a contracted agreement between our practice and the State Employee Plan. The contract states that no other insurance is to be billed if you take the discounted amount. We ask that you abide by this contract and do not file a claim to another insurance company. If you have EyeMed you cannot also take the discount. If you have an insurance primary to the State Plan, you will need to decide if you want to just pay the \$60.00 and no insurance will be filed at all or you can let us bill the primary insurance for payment. If they do not cover the exam you will not get the discount after the fact.

## REFRACTION

If your physician feels your prescription needs to be checked; he may perform a “**refraction**”. This is the part of the exam specific to the determination of whether or not you need corrective lenses or a change in your current prescription. Most medical insurance such as Medicare, Medicare Advantage Plans, State Employee Insurance Plan, Federal BC , etc. do not cover this part of the exam. If you do not want this part of the exam done, please let your nurse know when you first get in the exam room. However, keep in mind, you cannot get a current lens prescription without a refraction.

## NON-COVERED CHARGES

A charge is sometimes considered to be non-covered by your insurance company even though it is a necessary part of your visit. In some instances the insurance company may only pay for a service once a year or so but it may need to be performed twice in a year or your medical insurance may pay for the exam but not refraction because you do not have vision coverage. Other examples would be after-hour care and surgical trays. If your insurance contract states you are responsible for non-covered charges, you will be billed for them.

## SELF-PAY ACCOUNTS

If you do not have insurance coverage we offer a 20% discount on a day's services if it is paid in full at the time of the visit, otherwise you will be billed for the full amount. The discount is not retroactive and does not apply to after hours services, cosmetic surgery or materials at Rock Hill Optical Services. Routine exams are required to be paid at the time of service. Please do not let financial issues keep you from keeping a medical appointment. We will be glad to work with you on setting up a payment plan. We accept cash, personal checks, money orders, Visa, Mastercard, Discover and American Express.

## MEDICAID

South Carolina Medicaid is only one of many Medicaid options being offered to patients. The new options are called Medicaid MCO plans and are either chosen by the member or, if no choice is made within a given time, selected for the member by Medicaid. **It is extremely important that we are aware of your Medicaid insurance before you are seen. We do not participate with most of the Medicaid MCO plans. We only participate with Absolute Total Care, Blue Choice Medicaid and traditional SC Medicaid.**

## ATTN: OUT-OF-STATE BLUE CROSS MEMBERS

We are not contracted with any out-of-state Blue Cross plan. If your insurance allows us to bill our local SC BC plan we will bill the claim for you and BC of SC will forward it to your home plan. However, please be aware that we follow our BC of SC contract which may not agree with your home plan's routine vision coverage. You will be responsible for the balance left after BC of SC processes the claim.

It is the policy of the Rock Hill Eye Clinic Billing Department to process claims efficiently and accurately with a minimum amount of delay. If you have any questions regarding the manner in which your insurance company processed your claim, please contact your insurance company first. If you have any questions or concerns regarding your statement, please contact the billing department at 803-981-5036 and we will be happy to assist you. For questions regarding glasses or contacts please call 803-327-3111.