

HATTIESBURG EYE CLINIC, P.A.

FINANCIAL POLICY

(revised April 2025)

- **PAYMENT:** Payment is due when services are rendered. We offer both a card and cash price for all goods & services. A 3.5% processing fee will be applied to all card transactions. If insurance is being filed, you will be responsible for paying any co-pay, co-insurance and deductible amounts at the time of service. If you are unable to pay these amounts at the time of service, your appointment may be rescheduled. I understand and give my permission to apply a credit/payment on one or more-line items or date(s) of service to an unpaid balance for other services. I understand that this credit to the open line item(s) may be applied if the credit originates from me. I also understand that if my refund is five dollars or less it will remain on my account for future services.
- **INSURANCE CARDS:** Please make sure the insurance cards presented are current and accurate. If you have both a Medical and Vision Insurance, you must present both cards at the time of service and inform the receptionist whether your visit is medical or routine.
- **AUTHORIZATIONS:** Some insurance plans require a referral or prior authorization for services by a specialist. If your insurance plan requires this, it is your responsibility to obtain this referral or authorization prior to your visit. If you **do not have** the valid referral/authorization and still wish to be seen, you will be asked to pay for the visit prior to your examination.
- **PARTICIPATING INSURANCE PLANS:** If HEC Physicians do not participate in my insurance plan, I understand that I will be responsible for filing my own claims and for paying in full at the time service is rendered.
- **NON-COVERED SERVICES/DENIED CHARGES:** Certain services may be considered non-covered services or may be denied as investigational, experimental, or not medically necessary by your insurance carrier. If your physician feels these services are needed and they are performed, you are obligated to pay for these services in full should your insurance carrier deny payment.
- **MEDICAL vs. VISION INSURANCE:** We cannot bill your exam to both your Medical and Vision Insurance Plan for the same visit, so it is very important that you inform the receptionist at check-in if your visit is for a medical condition or for a routine vision exam so that we can file to the correct insurance plan. If you have a medical condition, the visit must be filed to medical insurance and all copays, coinsurance and deductibles are due at the time of service. If you are having your routine vision exam and a medical condition is found then you may be asked to make a follow up visit to address any medical diagnosis. HEC participates in a very limited number of vision plans; you must check your plan before your appointment.
- **REFRACTIONS:** A refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary in order to write a prescription for glasses or contact lens. You are responsible for the **\$ 40.00 fee** and it is payable at the time of service. Most insurance plans **do not** cover the fee for refractions. If your insurance plan pays this refraction fee, we will issue a refund to you.
- **MEDICAID MSCAN / UHC MSCAN PROGRAMS:** HEC ophthalmologists (MD/DO) participate in these programs by doctor referral only and only for medical conditions, excluding diabetic eye exams. HEC optometrists (OD) participate in the routine vision/medical portion of these plans through MSCAN. Patients over the age of 21 who have traditional Medicaid coverage, are allotted 12 office visits annually. If you have traditional Medicaid coverage and exceed your 12 visits annually, you will be responsible for all charges. The Medicaid fiscal year is July 1st – June 30th.
- **FMLA / FORMS / DISABILITY, WORKERS' COMPENSATION, and/or PATIENT REIMBURSEMENT FORMS:** We charge a \$25.00 fee to complete any of the above stated forms for patient compensation. This must be paid prior to completion of forms.
- **RETURNED CHECKS & PAST DUE AMOUNTS:** Returned checks will be subject to collection charges, penalties and interest. All accounts are considered past due if not paid within 90 days of service. Past due accounts may result in collection turnover and may be subject to penalties and interest, and/or the refusal of future appointments until old balances have been paid in full. HEC does not accept post-dated or two-party checks. Return check fee is \$ 40.00.
- **CANCELLATION/"NO SHOW" POLICY:** All appointments that are not cancelled within 24 hours of the appointment time are subject to a \$25.00 fee. Failure to show for your scheduled appointment will result in a \$25 fee. This \$25.00 fee must be paid before we can reschedule your appointment.
- **SURGERY CHARGES:** HEC will make every effort to determine your insurance benefits prior to your scheduled surgery. HEC will notify you of the amount you will be responsible for paying prior to your scheduled surgery. Please keep in mind that this is just an **ESTIMATE**. You may incur additional charges (in addition to the surgeon's fees) from the surgery facility, anesthesiologist, laboratory and/or radiologist.

These policies are always available for review at each of our clinics, though if you would like a paper copy, we would be happy to oblige.