



Financial Policy Form

This document describes our financial policies and how they may affect you.
Please review it carefully.

Our Financial Policies

- You, the patient (or the patient's parent or guardian, if the patient is a minor), are responsible for payment for the treatment and care you receive through Tapadia Eye Care.
- **Understanding your insurance plan:** On your behalf, we will bill insurers with whom we are contracted for the services we provide to you.
 - It is your responsibility to be familiar with and to meet the requirements of your plan, as well as its coverage limitations and exclusions. For example, you are responsible for knowing whether your health plan requires prior authorization or a referral by your Primary Care Physician/Provider (PCP) in order to receive services at Tapadia Eye Care.
 - If you are not familiar with your plan coverage, please speak directly with your insurer for clarification.
- **Self pay accounts:** If you hold an insurance plan with which we are not contracted, or if you are uninsured, your account will be considered "Self Pay." We will require payment for services in full at the time of your visit.
- **Up-to-date and accurate information:** It is the responsibility of you, the patient, to provide us with the most correct and up-to-date information about your insurance status. If an insurance claim is rejected because the information you provided is inaccurate or out-of-date, you will be responsible for payment.
 - Your insurance card, or other insurance verification, must be on file at our office in order for us to bill your insurance.
 - If you do not supply your insurance information at the time you obtain services at our office, or if we are unable to verify your eligibility based on the information you provide, then your account may be deemed a "Self Pay" account.
 - If you provide your insurance card or other insurance verification after your visit, then we may file a claim with your insurance at that time. If your insurance reimburses us for the services we provided, then we will refund you accordingly.
- **Co-pays, co-insurance, and deductibles:** It is the responsibility of you, the patient, to pay your co-payment, co-insurance, and/or deductible at the time that we provide services. We require payment of the full Patient Responsibility at the time of your visit, including all co-pays, deductibles, and co-insurance, in accordance with your insurance payor's contractual fee schedule.
 - We will do our best to estimate your Patient Responsibility as accurately as possible.
 - Once your insurance carrier adjudicates the claim from your visit, we will refund or bill you for any outstanding amounts.
- **Non-covered services:** It is the responsibility of you, the patient, to pay for services not covered by your insurance policy. Since every insurance plan is different in its coverage, your insurance plan may exclude certain tests and procedures from coverage. We will do our best to let you know if a service we recommend is not covered by your insurance plan. If you choose to undergo the service, we will collect a deposit, which will be returned to you if your insurance pays for the service.
- **Payment plans:** If you are unable to remit payment in full for your financial responsibility, we are glad to work with you to create a payment plan, but we can only do so if you contact our office and request this option.
- **Account delinquency:** If you fail to remit payment when due, and your account becomes delinquent or is turned over to a collection agency or attorney for payment collection, you are responsible to pay all resultant collection fees, court costs, and attorney's fees.
- **Payment types:** For your convenience, we accept payment by cash, personal check, and credit and debit cards.

List of Administrative Fees

We aim to be as transparent as possible about our financial policies and fees. Below please find a list of our administrative fees.

- **Medical records:** You are entitled to a copy of your medical records.
 - **Sending records to another clinician’s office:** If you would like us to send your records to another physician or provider’s office, please complete and submit a medical records release form to us. You can find this form on our website, or you may use a form provided by the receiving doctor or provider’s office. There is no charge for this service.
 - **Requesting a copy of your records for yourself:** You may request a copy of your medical records for yourself. In accordance with California law (Health & Safety Code §123110), we charge the following fees:
 - **For paper copies:** Clerical fee of \$15, plus \$0.25 per page, plus the cost of postage, if applicable.
 - **For electronic copies:** Flat fee of \$6.50.
 - **Requesting a copy of your records to support an appeal for public benefits:** If you are denied eligibility for public benefits, and you appeal this decision, you are entitled to one free copy of the relevant portions of your medical record to support your appeal. This is in accordance with California law (Health & Safety Code §123110).
- **No-show and cancellation fees:** If you cancel or reschedule your appointment without a 24-hour advance notice, or if you no-show to an appointment, you will be charged a fee of \$40 per occurrence.
 - Any cancellation or no-show fees must be paid in full before you may schedule a follow-up appointment. Three or more consecutive no-show appointments may result in dismissal from the practice.
- **Forms completion policy:** Completing paperwork for Family Medical Leave Act (FMLA) claims, the Department of Motor Vehicles, disability claims, and other purposes goes beyond routine medical care. When the doctor signs these forms, they are personally responsible for the accuracy of the information contained therein. Completion of these forms requires careful attention to detail and considerable time. Therefore, we charge a fee of \$30, to be paid at the time of the request, per form completed. A medical records release form may need to be completed at the time of request as well.
- **Returned checks:** Returned checks will incur a \$25 fee per returned check.
- **Account balance:** If your account has an outstanding balance of \$50 or more, we require that you pay the balance before we provide further services to you.

Summary of administrative fees:

Medical records release to another doctor/provider	No charge
Medical records release for public benefits appeal	No charge for one-time release of relevant sections
Medical records release for your own use	<ul style="list-style-type: none"> • Paper copies: <ul style="list-style-type: none"> ○ \$15 clerical fee, plus ○ \$0.25 per page, plus ○ the cost of postage, if applicable • Electronic copies: \$6.50 flat fee
Cancellation/reschedule without 24-hour notice	\$40 per occurrence
No-show fee	\$40 per occurrence
Form completion	\$30 per form
Returned checks	\$25 per returned check
Maximum account balance before scheduling	\$50