



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 (PCP) or clinician 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 If an insurance claim is rejected because the information you provided is inaccurate or out-of-date, you will be responsible for payment.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.
- **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 other clinician'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 other clinician'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/clinician	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



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. This must be done in writing. Ask us how.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home/office phone) or to send mail to a different address.
- We will agree to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures

We typically use or share your health information in the following ways.

To treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

To bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.