

New Jersey Vision Associates, P.C.
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PRACTICE OFFICE POLICIES

1. MISSED APPOINTMENT POLICY

Our office requires a **24 hour notification** for all appointment cancellations. If we do not receive notification within 24 hours, we may bill you **\$25.00** for taking an appointment slot which could have been filled by another patient. We have had numerous instances of patients who have not shown up for their appointments multiple times. We must institute this policy to maintain an accurate appointment schedule. If the office is closed at the time of your call, you can leave a message on our voice mail.

2. REFRACTIONS

A refraction is an integral part of an eye examination. It is an evaluation of the focusing ability of the eye which determines the need for glasses. Most insurance plans and Medicare do not cover this part of your eye examination in a medical specialist's office. If you need or desire a refraction, we must perform this as a "separate" examination with a **fee of \$50.00, TO BE PAID AT THE TIME OF YOUR VISIT.**

3. INSURANCE REFERRALS

Some insurance policies require that the patient's primary care physician issue a referral to be seen at a specialist's office. It is the patient's responsibility to obtain this referral before coming to the appointment. Without this referral, we cannot bill the insurance plan. Patients who do not provide a referral from the PCP **will be responsible for payment of services in full or their visit may be rescheduled.**

4. NEW JERSEY MEDICAID/MEDICAID HMO PATIENTS

All New Jersey Medicaid/Medicaid HMO patients must present a valid, current NJ Medicaid or Medicaid HMO card at each of their appointments. Our office will verify eligibility prior to each of your appointments.

5. COPAYMENTS

All insurance copayments are to be paid at the time of service. If unpaid, we will charge you a **\$10.00** statement charge for the cost of billing the copayment.

6. PATIENT BALANCES

All patient account balances are due upon receipt of your statement. If the balance is not paid in full after **90 days** of receipt of your first statement, and no payment plan has been arranged, your account will be sent to our collection agency for recovery. The patient shall be responsible for all costs associated with collecting the past due balance.

7. PATIENT FILE UPDATES

Due to new federal guidelines, we require that you fill out a new patient update form and an updated health history form on an annual basis.

I have read the policies for New Jersey Vision Associates, and I agree to abide by the terms listed above. I also understand and agree that such terms may be amended from time-to-time by the practice.

Patient/Parent/Guardian Signature

Date

PRACTICE FINANCIAL POLICY

PAYMENT METHODS

Unless previous arrangements have been made, ALL PAYMENTS are due at the time of the appointment. Payments may be made by cash, check, money order, Visa, Mastercard, American Express, Discover, or CareCredit. We only submit claims through insurance carriers with whom we have provider contracts. To submit through one of these insurance carriers, the patient's **current insurance card(s) and a photo ID** must be presented at the time of the appointment. If the insurance plan requires an office visit/specialist copayment, it must be paid at the time of the appointment. If your copayment is not paid at the time of your visit, you will be charged a **\$10** statement charge for the cost of billing your copayment. Your insurance deductible and/or coinsurance is your responsibility.

YOUR MEDICAL INSURANCE

Your health insurance policy is a contract between you, the patient, and your insurance company (not the doctor). You, as the policyholder, should be aware of all of their requirements with regards to referrals, copayments, deductibles, and covered services.

In the event your health insurance plan determines a service to be "noncovered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our billing office.

PATIENT RESPONSIBILITY

All balances after insurance response are due upon receipt of a statement from our billing office, unless other satisfactory arrangements have been made. All outstanding unpaid balances for which the patient is responsible will be sent to our collection agency at 90 days past due. The patient shall be responsible for all costs associated with collecting the past due balance. All payment arrangements must be paid according to a pre-agreed payment schedule. Missed payments subject the account to immediate collection activity.

I have read the payment policy for New Jersey Vision Associates, P.C., and I agree to abide by the terms listed above. I also understand and agree that such terms may be amended from time-to-time by the practice.

Patient/Parent/Guardian Signature

Date