

Dr. Thomas Tsai, O.D., PLLC & Dr. Jana Bertke, O.D., PLLC

FINANCIAL POLICY AGREEMENT

Welcome to Dr. Thomas Tsai, O.D., PLLC & Dr. Jana Bertke, O.D., PLLC. We are pleased you have chosen our practice for your eye care. We ask that you **carefully** read and sign the following policy. We must emphasize that as your medical/vision care provider, our relationship is with **you (the patient/responsible party)** and **not** your insurance carrier. As a courtesy to you, we will file your claim with your insurance company if the provider participates in the patient's insurance plan and if you promptly furnish the provider with all correct and complete insurance information. However, **you are the sole responsible party for all charges incurred and guarantee payment** thereof. **Failure to provide necessary referrals and/or authorizations**, which your insurance company requires **before** care is provided, **or failure to promptly provide current, complete, and accurate billing information will result in all charges for services becoming the sole responsibility of the patient/responsible party.** If we are not filing a claim with your insurance company, or you are a private pay patient, you are responsible for 100% of the payment at the time services are rendered. We accept cash, bank debit, credit card, and check. **There will be a \$50 fee for all returned checks.**

You are expected to understand your insurance benefit's coverage and responsibility. **You understand that verification of insurance eligibility and benefits is not a guarantee of payment, and that payment of insurance benefits is determined only when the claim is processed by the insurance carrier.** The information we receive from your insurance is only an estimation of coverage and not a guarantee. We do not guarantee the accuracy of eligibility, coverage, or benefit information given to us by insurance companies. **All co-pays, co-insurance, and deductibles are due in full and payable at the time that service is rendered. Please understand that co-pays, co-insurance, and yearly deductibles cannot be waived at any time by the provider of service.**

You, the undersigned, is fully responsible for all sums due whether or not insurance coverage is available. In the absence of prompt payment, the undersigned understands that medical, personal, and financial records concerning these professional services will be released to the provider's attorney for collection. The attorney will act as the provider's "Business Associate" in compliance with the federal "Health Insurance Portability and Accountability Act." In consideration for the professional services rendered now and in the future, the undersigned hereby agrees to pay 18% interest per annum on all balances which are unpaid sixty (60) days after the services are rendered; plus attorney's fees which are hereby stipulated to be **33 1/3%** of such outstanding balance whether suit is filed or not; plus any late fees, garnishment fees, and court costs. If the undersigned fails to promptly pay for the services rendered, the undersigned authorizes the collection preparation fee of \$20 and release by or to any credit reporting agencies of personal credit information on the undersigned and further agrees to pay all costs of obtaining such credit information and/or locating the undersigned, as may be necessary.

I hereby authorize and direct my insurance carrier (including Medicare, private insurance, and any other vision or medical plan) to issue payment(s) directly to Dr. Thomas Tsai, O.D., PLLC and/or Dr. Jana Bertke, O.D., PLLC for healthcare services provided to me/and or my dependents. I certify that I, and/or my dependent(s) have coverage with the above-named insurance and assign directly to Dr. Thomas Tsai, O.D., PLLC and Dr. Jana Bertke, O.D., PLLC all insurance benefits, if any, otherwise payable to me for services rendered. **I understand that Dr. Thomas Tsai, O.D., PLLC and/or Dr. Jana Bertke, O.D., PLLC does not file with any secondary insurance, and I am responsible for filing any secondary or tertiary insurance claims on my own. I understand if I have Medicare, I am responsible for informing Medicare of my secondary coverage to insure that claims are forwarded and paid correctly.** Any amount not covered by Medicare or by the secondary insurance is my responsibility and will be billed to me directly. **I understand that if I have Tricare and a second health/vision plan, Tricare will automatically become secondary, and payment is due at time of service.** I understand that All patients must complete and/or update the Patient Registration/Update Form at each office visit and must furnish valid and up-to-date proof of insurance coverage and a copy of my driver's license. If I provide false or expired insurance information or neglect to verify my insurance information upon the request of the office, I understand that I will be responsible for the balance of the claim. Insurance denials for termination of coverage will also be automatically billed to me. I authorize that the doctor may use my health care information and may disclose such information to the above-named Insurance Company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

I understand that if my insurance plan denies coverage/and or payment for any reason, I am responsible to pay 100% of charges in full. I understand that any balance not paid in full within 60 days after services are rendered, will automatically be referred to a collection agency. I also understand some insurance coverages have Out-of-Network benefits that have co-insurance charges, higher co-payments, and limited annual benefits. If I receive services that are part of an Out-of-Network benefit, my portion of financial responsibility may be higher than the In-Network rate. I understand that Professional fees (exams, refractions, contact lens evaluations, or any services performed by the doctor) are not refundable. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions and medical record release to health practitioners.

In consideration of the services performed by Dr. Thomas Tsai, O.D., PLLC & Dr. Jana Bertke, O.D., PLLC now and in the future, you agree to abide by the terms of this Financial Statement.

I, the undersigned, certify that I **am** an active duty member of the U.S. Armed Forces.
 am not an active duty member of the U.S. Armed Forces.

I, the undersigned, certify that I **will** be using insurance on this visit.
 will not be using insurance on this visit.

Patient Signature (or Parent/Guardian): _____ Date: _____

Dr. Thomas Tsai, O.D., PLLC & Dr. Jana Bertke, O.D., PLLC

UNDERSTANDING YOUR VISION PLAN AND MEDICAL INSURANCE

There are two types of health insurance that will help pay for your eye care services and products. You may have both and our practice accepts both:

1. Vision Care Plans (such as VSP, Davis, Spectera, and EyeMed)
2. Medical Insurance (such as BCBS, Aetna, UHC, and Medicare).

- Vision care plans only cover routine well-vision screenings to determine a prescription and may have a hardware benefit that can be used for frames and lenses. This evaluation is not comprehensive and may not include fees associated with a contact lens evaluation or materials. Vision plans only cover a basic screening for eye disease. Vision plans also do not cover diagnosing, managing, or treating medical issues.

- Medical insurance must be used if a medical condition exists such as (but not limited to) cataracts, glaucoma, dry eye, itching, floaters, diabetes, high blood pressure, or any other condition related to any eye health problem or systemic health problem that has ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by your case history. This exam may include further testing beyond a routine screening. Most medical insurance plans, including Medicare, do NOT cover routine refractions or routine eye examinations (where your glasses or contact lens prescription is checked). They will only pay for eye exams relating to medical complaints.

- If you have both types of insurance plans, by law, we cannot bill two different types of insurance on the same day. It may be necessary for us to schedule your medical and vision visits on separate days, allowing us to bill your insurances on different days - bill some services to one plan and other services to the other. We will use coordination of benefits to do this properly and to minimize your out-of-pocket expense. If you need to schedule your medical and refraction exam on the same day, another option is billing your medical insurance for the medical exam (don't forget, this may include a copayment at the time of your visit) and paying the additional flat rate for a refraction (\$35.00).

- We will bill your insurance plan for services if we are a participating provider for that plan. We will try to obtain advanced authorization of your insurance benefits so we can tell you what is covered. We will try our best to obtain information regarding your plan benefits in advance, but it is ultimately your responsibility to know your plan details. If some fees are not paid by your plan, we will bill you for any unpaid deductibles, co-pays, or non-covered services as allowed by the insurance contract.

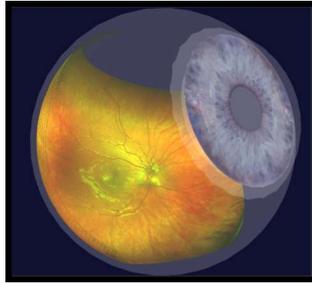
Until you are thoroughly examined, it is not possible to determine if a medical diagnosis exists that might require additional diagnostic testing and medical treatment. If your routine well-eye exam reveals a medical condition or disease related to your eye that requires specific counseling, documentation, follow-up care, regular monitoring, or referral to a surgeon, or if the exam is related to a pre-existing medical condition such as cataracts, glaucoma, diabetes, dry eyes, etc., then your visit is NOT COVERED by your Vision Plan. If a medical diagnosis is identified (or suspected) during the routine eye exam and additional testing and treatment is medically indicated, the provider reserves the right to treat such medical issues. It is required by our vision plan and medical insurance contractual relationships to submit the claim(s) to the appropriate carrier. We are bound by the insurance policies to bill the copay that applies to the office visit. Any co-pays, deductibles or non-covered services will be your responsibility.

I have read, understand, and agree the above policies.

PATIENT/GUARDIAN SIGNATURE: _____

DATE: _____

Dr. Thomas Tsai, O.D., PLLC & Dr. Jana Bertke, O.D., PLLC
DIGITAL RETINAL IMAGE SCREENING AND DILATION CONSENT



As part of a comprehensive eye examination, it is recommended that **ALL** patients have the internal health of their eyes thoroughly evaluated every year. This is performed as either a dilated retinal exam or digital retinal imaging.

We strongly advise digital retinal imaging and/or dilation for our patients:

- Over 50 Years of Age
- With Nearsighted Vision over -5.00
- First Time Patients to this Office
- Patients with **High Blood Pressure**
- With Histories of Head or Eye injury
- Family History of Macular Degeneration or Glaucoma**
- Patients with **Diabetes**
- Family History of **Cancer**

These conditions can lead to serious health problems including partial loss of vision or blindness, and often develop without warning and progress with no symptoms.

Dr. Tsai and Dr. Bertke are pleased to offer the most highly advanced technology available in eye disease detection, the Optomap Digital Retinal Imaging. The Optomap Digital Retinal Imaging allows them to evaluate your internal eye health with dramatically improved precision that includes a depth in the retina not seen with regular dilation.

The **Optomap®** Retinal Imaging Exam:

- Provides your doctor with an in-depth view of the retina to confirm the health of your eye (where disease can start).
- Allows your doctor to detect the presence of disease or other health threatening conditions early in its progression (diabetes and hypertension).
- Provides a permanent record in your medical file enabling your doctor to make important comparisons during your annual eye exam.
- An electronic file of the photograph that can be forwarded to you or another doctor whenever needed.
- Is fast, easy, and comfortable. **Will NOT require dilating drops which result in blurred vision and sensitivity to light for 4-6 hours. Some patients may need to have their eyes dilated also.**

With an annual Optomap, our doctors can track your eye health for concerns, comparison, and treatments. This scan is an essential part of your comprehensive eye exam. There is an additional **\$30 copay** for this advanced test.

_____ **I ELECT** to have an Optomap Digital Retinal Scan of my retina today.

_____ **I DECLINE** the Optomap Retinal Scan and am **choosing to be dilated** today.
I understand that my vision will be slightly blurry after dilation and light sensitive for 4-6 hours.

_____ **I DECLINE BOTH** the Optomap and dilation at this time. I have been educated and understand the benefits of this testing but I am declining the Doctor's recommendation to have this test done. I understand that the potential for partial loss or total loss of vision may exist due to undetected eye disease. I therefore release Dr. Tsai and Dr. Bertke from all liability resulting from failure to diagnose or treat any eye condition due to lack of diagnostic information, which could have been performed by obtaining this test.

Signature: _____
(Patient / Parent or Guardian if Patient is a Minor)

Date: _____