



LOW VISION CLINIC

FINANCIAL POLICY

Clovernook Center for the Blind and Visually Impaired is dedicated to providing a comprehensive program of the highest quality for individuals who are blind or visually impaired. Our staff is devoted to promoting the patient's overall well being by making your experience as stress free as possible. In an effort to facilitate this experience, we have set up several different departments to assist our patients as a team. We are doing everything possible to hold down the cost of medical care. The billing office hopes the following information will be useful in determining your financial responsibilities.

Financial Responsibility

While we are happy to help you receive the maximum benefits allowed by your insurance carrier, bear in mind that it is your responsibility to pay as a deposit any deductible amount, coinsurance, or any other balance not paid by your insurance company upon completion of receiving services. Even though we assist you in receiving reimbursement from your insurance company, please understand that you, the patient, ultimately have the final responsibility for your bill.

Insurance Cards

It is the patient's responsibility to bring to our office his/her insurance card and insurance information.

Medicare

We take Medicare Assignment. That means that we accept Medicare rates for services rendered. You are still responsible for you 20% co-payment and your annual deductible. We are required by law to collect your deductibles and co-payments. If this is a hardship, please talk to us.

PPO Insurance Plans

We accept many PPO plans. We are contractually obligated to collect your co-payment.

Referrals

It is your responsibility to keep your referral current. We will do all we can to remind you and work with your primary care physician; however, it is ultimately your responsibility to know if your insurance requires a referral and whether or not that referral is current. If your insurance requires a referral and you do not have one, you will be held responsible for any charges incurred for services rendered while your referral was not current.

Insurance Payments

There may be times that your insurance company requests further information or we have to appeal their decision when a denial of service has occurred. When this happens we will not bill you for your portion until we have the problem resolved. You will still be responsible for your portion of the bill even if it does take your insurance company an extremely long time to pay. If your insurance company requests further information from you and you do not provide it, you will be responsible for the total charges. While we endeavor to collect from your insurance company, there are times when they simply will not pay.

You will then be responsible for your bill. We are more than happy to work with you by making payment arrangements or helping you apply for alternative methods of payment, but you must communicate your needs with us. We cannot help you if we do not know you need help.

Payment Methods

We accept checks and cash, there is a service fee for returned checks. Please talk to Dee Sunderman at 513-728-3941 if you have any questions regarding methods of payment.

Missed Appointments/Late Cancellations

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment.

Low Vision Clinic

Our office files your insurance and will also set up a payment plan should you need one. Dee Sunderman will assist you with any insurance questions or problems you have. She is your financial advocate. It is very important that you notify her of any changes in your insurance coverage. Please feel free to discuss any financial concerns you have with her.



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Fax: (513) 728-3946

ACKNOWLEDGMENT OR RECEIPT OF NOTICE OF FINANCIAL POLICY

* You may refuse to sign this Acknowledgment

I, _____ have received a copy of this office's
Notice of Financial Policy.

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Financial Policy, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barrier prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (please specify below)

