

MORGANTON EYE PHYSICIANS, P.A.



Morganton Eye Physicians, P.A.

Experience. Vision. Care

Welcome

Welcome to Morganton Eye Physicians, P.A., Western North Carolina's leading provider of Comprehensive Eye Care Services! Thank you for allowing our doctors and staff to assist you with your eye care needs today!

Arrival

Please arrive approximately 10 minutes prior to your scheduled appointment to allow time for the registration process.

Duration of Appointment

Our doctors make every effort to see patients in a timely and courteous manner. However, individual patient needs may impact the time a doctor must spend with you or another patient to provide proper care. As a general guideline, an appointment for a routine eye examination or follow-up appointment will take approximately ninety minutes. Appointments for surgical consultations and pre-ops examinations will generally take between one to two hours.

Routine vs Medical Eye Care & Examinations

The reason for your visit and diagnosis found by your doctor following your examination will determine whether your examination is considered to be for Routine care or Medical care.

A Routine Eye Examination is usually performed when the patient's complaint is blurry or poor vision which is determined by the doctor to be the result of a refractive condition such as near-sightedness, far-sightedness and/or astigmatism. Such refractive conditions are usually addressed with traditional eyeglasses or contact lenses. A traditional medical insurance plan generally will not provide coverage for a Routine Eye Examination. However, some patients may have a separate "vision plan" which will provide limited coverage and benefits for a Routine Eye Examination.

A Medical Eye Examination or other medical care follow-up visit is performed when the patient has a vision complaint or ongoing medical condition impacting eye health or vision which are not solely caused by a refractive condition (i.e. not Nearsightedness, Farsightedness and/or Astigmatism). Such medical conditions are usually covered by medical insurance. If your doctor determines that the primary diagnosis for your complaint or condition is a medical diagnosis, your medical insurance will be the primary (i.e. "billed first") for any fees associated with the examination, procedures and/or other tests performed related to the medical complaint or

condition. We cannot, and will not, file an insurance claim for medical care provided under a vision plan.

If you visit our office for a Routine Eye Examination, and the doctor determines that your examination is primarily a Medical Eye Examination, we will file the examination to your medical insurance. You will be responsible for any deductible, co-pay, co-insurance or other out-of-pocket expense associated with your medical insurance coverage.

Refraction

A Refraction is a diagnostic test performed to determine the prescription needed to allow the patient to achieve the best possible vision. This test may be performed by your doctor with the assistance of one of our experienced ophthalmic technicians. Most patients know this test as the one where the doctor or technician places an instrument in front of the patient's eyes and begins asking "Which is Better, One or Two" as different lens powers are rotated before the eyes and the patient reads letters on an eye chart. The "Refraction" is done to determine the best possible vision correct for the patient – and established a prescription for eyeglasses.

Because the "Refraction" is a separate diagnostic test used primarily to assess a refractive condition (i.e. near-sightedness, far-farsightedness and/or astigmatism), this test is never covered by Medicare and rarely covered by other medical insurance plans. Therefore, you are responsible for the professional fee associated with this test which will be billed in addition to any fees for the eye examination or office visit done at the same time as this test. We will not issue a prescription for eyeglasses without performing a refraction.

Annual Contact Lens Exam

For patients wearing contact lenses, we recommend an annual Comprehensive Eye Examination to confirm continued eye health and best possible vision while wearing your contact lenses. Since contact lenses are appliances that have direct contact with the eye, it is important to regularly check the fit, function, prescription, use and care of such to protect your vision. The confirmation, evaluation and/or adjustment of any contact lens fit or prescription are additional services provided outside the scope eye examination or office visit. There is an additional Annual Contact Lens Exam fee assessed for this service.

Vision Plans

We participate with most major vision plans. Such plans are typically available as separate coverage from your medical insurance plan and provide limited coverage for routine eye examinations, eyeglasses and/or contact lenses. It is your responsibility to know and present proper evidence of coverage for any vision plan providing coverage for your visit. Such information (i.e. Insurance Card or other written authorization) must be presented prior the receipt of services. Without prior authorization, most plans will not provide coverage or benefits for services provided even if the patient is determined to be eligible for such coverage and benefits after such was provide by our doctors or staff.

Insurance and Billing

As a service to our patients, our doctors participate with most major insurance plans and accept Medicare Assignment. If you are enrolled with an insurance plan that we accept, we will gladly file a claim on your behalf with your insurance plan. You remain responsible for all deductibles, copays, co-insurance, non-covered services or other amounts not paid by your insurance plan. We ask your cooperation in this process by respecting our billing and payment policies.

Please understand:

1. Payment is due at the time services are provided. For your convenience, we accept cash, checks, debit and credit card payments.
2. We accept Medicare Assignment and participate with most major insurance plans.
3. To process an insurance claim on your behalf, you must present a valid insurance card or other proper form of coverage at the time services are provided.
4. You are responsible for securing all required referrals or authorizations from your primary care provider, plan or other third party as required by your insurance plan.
5. You must notify us prior to receiving services if you have a vision plan providing coverage and benefits for your examination, contact lenses or eyeglasses. Such plans generally require you to obtain authorization for coverage and benefits prior to your examination or before ordering contact lenses or eyeglasses.
6. Once your insurance plan has processed your claim and paid benefits available, you may receive a final bill from us for any remaining balance due on your account. We request final payment from you within 30 days of this bill. Accounts past due more than 30 days may be turned over to a collections agent for final resolution.
7. Payment in full is required prior to dispensing contact lenses or eyeglasses.
8. We offer third-party financing options for most major services and services including cosmetic and refractive care and treatments.
9. We also offer patient-assistance programs for patients with demonstrated financial difficulty accessing needed services.
10. For more information regarding our billing and payment policies, please contact our insurance and billing department at (828) 433-1000. A team member will be happy to assist you.

Note Regarding Insurance Coverage: Please understand that your insurance plan coverage is a private contract between you and your insurance plan. We do not control the services covered by your insurance nor the level or amount of benefits that will be provided for such services. Therefore, it is very important that you take time to learn and understand the coverage and benefits available to you under your insurance plan. It is your responsibility to contact your insurance plan provider when you believe they have paid or processed your claim incorrectly. We are happy to assist in this process by filing an inquiry or an appeal on your behalf. However, you remain responsible for any amounts due for services provided and not otherwise covered or paid by your insurance plan.