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## FINANCIAL POLICY AND BILLING PROCESSES

- **Payment Due:** I understand that I am responsible for payment of any services rendered to me or my dependents provided by this office.
- **Co-pay, Co-insurance and Deductibles.** It is the patient's responsibility to know their co-pay responsibilities, co-insurance and deductibles – and that these amounts are due at the time of service. We file insurance claims as a courtesy for our patients. While we attempt to assist our patients with claims, any disputes with your insurer are not the responsibility of our practice.
- **Insurance Coverage:** I acknowledge that the insurance cards I have presented are current and accurate. If there are changes, I will advise your office at the time I schedule my appointment.
- **Non-covered Services:** I understand that some services may not be covered by my insurance plan. I understand that it is my responsibility to confirm services covered by my policy and further understand that I am financially responsible for payment of all non-covered services.
- **Refractions:** Refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary in order to write a prescription for glasses or contact lens. Medicare and most medical insurance do not cover the \$35.00 fee for refractions. I understand that I am responsible for this fee and it is payable at the time of service. The prescription will not be released without payment. At your request, we can file your refraction charge with your insurance plan. If your insurance policy pays this fee, we will then refund your payment.
- **Participating Insurance Plans:** If the practice is not a participating provider in my insurance plan, I will be responsible for filing my own claims and I will be responsible for paying in full at the time of service. You can ask our office staff about whether our doctors participate in your insurance plan.
- **Returned Checks & Past Due Accounts;** Returned checks will be subject to collection charges.  

All accounts are considered past due if not paid within 90 days of service. Past due accounts may be turned over to a collection agency if payment arrangements are not made. We recognize that there may be delays associated with your insurance and will make accommodations. In some cases, we may seek involvement of the patient in resolving insurance disputes.
- **Medicaid:** We are Medicaid providers for the state of Texas. However, we do require that patients bring their Medicaid card to every visit to confirm coverage. If you have managed care Medicaid Insurance, please check with us prior to your visit to see if we are a participating provider.
- **Vision Plans:** The practice participates in a limited number of vision plans. Not all of our doctors participate in every plan. Please confirm your coverage and our doctor participation prior to your visit.
- **Medical Plans that have Vision Benefits:** Please be advised that some medical plans do have routine vision benefits; however, sometimes these vision benefits are with a different carrier than your medical plan. We may be participating providers with your medical plan but not your vision plan. Please contact your carrier to verify your benefits and confirm with our office whether the practice is a provider for both your medical and vision plan.
- **Authorizations:** Some insurance plan require you receive a prior authorization for services by a specialist, please review your policy to see if there is such a requirement and obtain this authorization prior to your visit with our clinic.

If you would like a printed copy of the financial policy please inform the receptionist.