



Glaucoma Institute of Austin
901 West 38th Street, Ste 303 • Austin, TX 78705
Phone: (512) 452-8467 • Fax (512) 452-8440
Toll-Free: (866) 738-8467

PATIENT FINANCIAL RESPONSIBILITY

Insurance

- Current insurance cards must be provided at the time of check-in. If you have not received a card from your insurance company, please inform us at this time. We can only file those claims with which we have a current participation contract.
- Many insurance companies require that you have a referral from your Primary Care Physician (PCP) before our physicians can see you for an appointment. If you have questions regarding coverage or to see if it's necessary to obtain a referral for your next visit, please call the Member Services phone number located on your insurance card or your Primary Care Physician. If a referral is necessary, it must have an expiration date that covers your next visit to this practice. With most insurance carriers, an authorization or referral **does not guarantee** services will be covered.
- If a referral is required, and you do not have one, some insurance companies will allow you to be seen by the physician. However, they require you to sign a waiver stating that you realize that a referral was necessary, and that you do not have one, and that you will pay for the cost of the visit should an authorization not be acquired. If your insurance company does not allow you to be seen by the physician without a referral or waiver, we will be required to reschedule your appointment.

Non-Covered Services

- A “refraction” is a procedure necessary for physicians to evaluate your vision and /or write a glasses prescription. Unfortunately, Medicare and most other insurance plans do not cover this procedure. The cost of the refraction is \$35.00 and is considered the patient’s responsibility. Occasionally, there may be other necessary procedures that fall under this same policy.

Medical Records Policy

- Patients may view the original chart in our office. A physician or staff member must be present.
- Patients may obtain a copy of their records. A records release signed and dated by the patient, the patient’s guardian, or other duly authorized representative is required.
- A fee of \$25.00 is due at the time of the medical records request.

I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account. All co-pays and fees for non-covered items are due at the time services are rendered. Co-payments do not include refractions or other non-covered services. Fees mentioned in this document are subject to change without notice. I understand that all fees are my responsibility regardless of providing an insurance plan for payment. I authorize release of any information necessary to process my insurance claim and assign and request payment directly to Glaucoma Institute of Austin.

I have read and understand the above. I have had the opportunity to ask questions.

Patient’s or Guarantor’s Signature

Guarantor’s Printed Name

Date