

Billing Policy

I was in private practice for 38 years. I did over 15000 surgeries here and all over the world. Insurance issues used to occupy 10% of my office budget. In 2011 my office was spending 40% of the time[and overhead costs] ,fighting with insurance companies I was paying a billing person nearly 60,000 Dollars a year just to sit on hold all day to get insurance companies and Medicare to agree to approve and pay a small fraction of my fees. To me it was an incredible waste of money and manpower and I began to dread going to work. No doctor can focus on patient needs when pointless insurances issues take up all your time and energy.

I took some time off and realized that Dry Eye and related conditions were of particular interest to me. This was no doubt partially do to the fact that I developed a medical condition that left me with not only Dry Eye but Dry mouth[no tears or saliva] called Sjogrens Disease

I have invested in obtaining all the latest FDA approved[as safe and effective] treatments and diagnostic devices necessary to provide our patients with every option to manage Dry eye, lid disease and related ocular surface disorders. No general Ophthalmologist who sees the occasional Dry Eye patient could possibly earn enough income from the technology we have to justify the cost of acquiring our equipment. When you come to our facility you can be sure that we have available every diagnostic test and treatment modality known to benefit patients with Dry Eye, Lid disease and disruption of the ocular surface[Cornea].

We charge an initial flat fee of 250 dollars for every new patient. This fee covers all the necessary diagnostic tests. Whatever the test results show, we will start you on the simplest and least expensive treatment. We will review your tests and explain their significance. Sometimes a change in artificial tears and a dietary supplement will be all that is necessary. If these treatments are unsuccessful after a reasonable trial period we will recommend more aggressive intervention. Frankly even though these treatments have been proven to be safe and effective by FDA reviewers, Medicare and insurance companies refuse to reimburse us for them . In a perfect world, I or one of my staff could call an insurance company and discuss your treatments, tried and failed, and a reasonably knowledgeable person on the other end of the phone would approve more advanced treatment. This is not how the world works now. Insurance companies hire people completely unaware of the diseases we are treating and the logic behind our treatment choices. Their sole function is to say “ that is not a covered benefit” ,end of discussion.

We have designed our office as a no frills operation . We have invested in the best equipment nothing more and nothing less. We have done everything to minimize our overhead so do not expect a fancy Beverly Hills style office. I am sharing space with other physicians to further minimize our overhead and to pass these cost savings on to you

We will of course provide you with letters you may submit to your insurance carrier so hope fully you will receive some reimbursement for your treatment. We hope this explanation will help you understand our billing policies. As a fellow Dry Eye sufferer I know how the condition

can interfere with your life . For example I can test 20/20 in the office but after driving for long periods I know my blink rate has decreased and I would bet my vision has dropped significantly. Even though I am an Eye specialist , it took me a while to realize I needed to use a tear substitute and hydrate better if I am making a long drive especially with the air conditioning on.

In 2011 when I sold my general Ophthalmology practice I could have retired permanently. I realized in time that I truly missed taking care of patients getting satisfaction from improving their vision and their quality of life. I spent the last year and a half visiting respected Dry Eye Centers all over the country. I analyzed every new technology and acquired everyone I thought could be beneficial. There is no one treatment for the variety of conditions that fall under term Dry eye. In fact dryness is one of the least common presenting complaints of patients. There is also no one right way to treat Dry Eye and related problems. What works for one person may have no or little benefit for another patient. Our facility is equipped to deal with any and all types of Ocular surface problems [a much better and more accurate term than Dry Eye]. I hesitated to write this lengthy explanation but communicating to patients [I was told], was one of my best assets when I was a general Ophthalmologist and that made patients at ease in my presence. I hear about Doctors who don't really get to know their patients. This has never been my approach. I believe full and open communication between patient and physician is as important as any high tech treatment.