

Common Billing Questions from First Time Patients

What is a Refraction and why am I being billed for it?

A refraction is the part of your vision exam in which the eye doctor determines your need for prescription glasses. Although this is done for every complete eye exam, our practice only bills the patient when a physical prescription is given (or forwarded to your optometrist) and only if there is enough change from the original prescription to warrant the charge. Medicare WILL NOT pay for refractions, even if the test is conducted for medical purposes (as outlined in Medicare's Benefit Policy Manual 100.01 section 90). *For this reason, patients will be billed for refractions* and we ask that this be paid at the time of service. We appreciate your understanding and cooperation.

I have Medicare, why am I receiving a bill if I have both Primary and Secondary insurance?

If you are a Medicare patient, you will be responsible for an annual deductible (e.g. 2014 deductible is \$147.00). Unless your secondary insurance covers your Medicare deductible, you are responsible for this amount. Even if Medicare pays for 80% of the claim, it is not a guarantee that your secondary policy will pay for the remaining 20% as there may be a co-insurance/co-pay/deductible that is the patient's responsibility. Therefore, you may see a small balance on your account after the claim is processed.

Why am I being asked for a Referral?

A Referral is needed for HMO insurance plans and some Medicare Advantage Plans. This constitutes a written referral by your Primary Care Physician to a specialist (such as our doctors at CGC). Referrals are required BEFORE or on the date of the exam (but before services are rendered). Without a referral, we cannot see that patient unless they accept to be considered "self pay." Please note that we are not a part of EPIC and therefore cannot accept referrals electronically from carriers that use the EPIC system (such as Northshore Healthcare HMO). They can fax it to us at 847-832-0905.

What is CGC's Medication Prescription Policy?

As in most medical practices, we require a 1-2 business day turn around period for any medical prescriptions, beginning from the date it is prescribed or a request is received from the pharmacy or mail order service. This does not include patient requests, unless in emergent cases. *Therefore, patients are asked to contact their pharmacy in order to process a prescription renewal.* Your patience and cooperation is appreciated.

What is the difference between deductible and co-insurance?

Deductible is the amount of expenses that must be paid out of pocket before an insurer will pay any expenses.

Co Insurance is your share of the costs of a covered medical service, usually calculated as a percent (for example, 30%) of the allowed amount for the service. For example, if the health insurance "allowed amount" for an office visit is \$100 and you've met your deductible, your coinsurance payment of 30% would be \$30. The health insurance pays the rest of the allowed amount and you pay \$30 to the Physician.