



The physicians at the Cataract and Vision Center of Hawaii, are contracted with most major insurance companies in the state. It is important that you provide us copy of your insurance card prior to your examination. We will make every attempt to bill your insurance company for services rendered at the conclusion of your visit. As the patient, you are responsible for any copayment, co-insurance, and deductibles due at the time of service. You may see a claim from our provider office: *Worldster Lee, MD LLC* or our surgery center, the *Cataract and Vision Center of Hawaii LLC*, depending on the services received. If you have any questions regarding a bill, you can contact our billing team:

Physician's Billing Solutions
(808) 677-7727

Medicare Patients: Our physicians are Medicare participating providers. This means that we will bill Medicare the Medicare allowed fee with the remaining 20% payable by you or your Medicare supplement insurance. Medicare patients are also responsible for the annual Medicare deductible and all non-covered services. All patient portions are payable at the time of service.

Participating Insurance Plans: All charges will be billed. All patient portions and non-covered services will be collected on the day of your visit.

Managed Care Plans (HMO): Our physicians are participating providers with various Managed Care Insurance Plans. If you are a member of one of these plans, we will ask you for a referral form from your primary care physician. You will be held responsible for any co-payment and non-covered services, which are payable at the time of service. The balance will be billed directly to your insurance company.

Medicaid: You must have your current Medicaid card. All charges will be billed. All patient portions and non-covered services will be collected on the day of your visit.

Non-Participating Insurance: If your insurance is with a private carrier, we will make every effort to bill your insurance company first. You will be responsible for all charges incurred, payable at the time of your visit. Your insurance company will reimburse you directly. Any such request must be accompanied by a completed insurance form at each visit, unless your insurance carrier accepts the standard HCFA 1500 form.

Non-Covered Services and Taxes: Some services and taxes may be considered non-covered services with your medical insurance. You are responsible for all payments not covered by your insurance. Our staff will make every attempt to inform you of all non-covered services prior to your visit. Ultimately, it is your responsibility to stay informed of your insurance benefits are collected at the time of your visit.

Payments, deductibles, other: All payments that are your responsibility are due at the time services are rendered. Cash, VISA, MasterCard, Discover, AMEX or personal check from a local bank is accepted. There will be a \$30 service charge for all returned checks. In the event your account becomes delinquent, you are responsible for all additional charges incurred.

While filing of insurance claims is a courtesy that we extend to our patients, some charges such as deductibles and co-payments are your responsibility. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we ask that you contact us promptly for assistance with the management of your account.

The care of your eyes and your vision are our primary concern. Should you have any questions concerning this policy, please feel free to contact us at **(808) 524-1010**.