Eye Associates of New Mexico

Patient Financial Responsibility

Thank you for choosing Eye Associates of New Mexico as your eye care provider. We are committed to delivering the best available medical and vision care for you and your family. Please read and sign this form to acknowledge your understanding of our Patient Financial Policy. We aim to provide excellent customer service and hope you find this information helpful.

Insurance Claims and Information

We will submit claims to your insurance carrier, including secondary insurance plans.

Proof of current insurance must be provided at the time of service. Accurate insurance information is essential for filing claims properly.

Coverage Limitations

Please note that most medical insurances do not cover vision services.

Your optometrist or ophthalmologist may recommend additional tests, such as specialized imaging, to detect eye diseases early. Vision plans do not cover these services, and your medical insurance may need to be billed separately. A separate co-payment may apply.

Patient Initials: _____

Medicare and Medicare Advantage

Our doctors are participating providers in Medicare and Medicare Advantage plans. For patients with these plans, we accept Medicare's allowed charges for services provided. However, you are responsible for any co-pays, co-insurance, deductibles, or other costs as outlined by your plan's policy.

Referral Requirement

If your insurance requires a referral for full benefits, it is your responsibility to verify that the referral is in place before your appointment.

Estimated Patient Responsibility

All estimated patient responsibilities (co-pay, co-insurance, and deductible) are due at the time of service.

Specialist and vision service co-pays may differ from standard co-pays. Please verify the amounts due with your insurance company.

Lab test interpretations may be billed separately.

Any additional patient responsibility determined by your insurance, beyond the estimated amount collected at or before service, will be billed separately.

Patient Initials: _____

Non-Covered Services

Not all services may be covered by your insurance, and you will be billed separately for any non-covered services.

Separate Billing for External Services

Some services performed outside of our clinics, such as radiology, lab tests, pathology, anesthesia, or surgery facility charges, may result in separate bills.

Payment Methods

For your convenience, we accept cash, personal checks, all major credit cards, and CareCredit.

Refractions

Refractions are generally not covered by most medical insurance plans and are considered vision services.

Payment for refractions is due at the time of service if not covered by insurance. Patient Initials: _____

Contact Lens Fitting

If you wear or are planning to wear contact lenses, the contact lens fitting is an additional fee separate from the office visit and refraction. Payment for the contact lens fitting is due at the time of service if not covered by insurance. Patient Initials: _____

Payment for contact lenses is due at the time of ordering.

Billing Statements

We utilize an electronic system to send notifications when a balance is due on your account. If you have opted out of this system, paper statements will be mailed within 30 days after the balance is determined to be your responsibility.

If you disagree with the insurance payment, please contact your insurance carrier directly.

Payment is due upon receipt of the statement and/or electronic notice.

Refunds

Refunds for overpaid accounts will be issued as soon as administratively possible if the guarantor overpayment is $10 or more, and the account is paid in full.

Payment Responsibility

The payment for services rendered to children of divorced or separated parents is the responsibility of the parent who seeks treatment for the child. Any court-ordered judgment must be resolved directly between the individuals involved, not through our office.

Self-Pay Patients

For self-pay patients receiving emergent and medically necessary care, Eye Associates of New Mexico will not engage in extraordinary collection actions before making reasonable efforts to determine eligibility for assistance, as outlined in the Patient Debt Collection Protection Act.

Payment Plans

You are responsible for ensuring that all balances on your account are paid promptly, including co-pays, co-insurance, deductibles, and any other charges not covered by insurance.

It is important that payment plans are agreed upon and maintained. If there are any concerns or challenges with this, please reach out to us so we can work together on a solution.

We reserve the right to terminate a patient from the practice if outstanding balances are not addressed in a timely manner.

Accounts that are 90 days past due may be subject to collection actions.

Patient Initials: _____

If you have any questions regarding your account, please contact our billing office at (505) 246-2622 or (800) 640-9622 (ext. 1220)

Acknowledgment of Financial Responsibility

I have read, understand, and agree to the provisions of the Patient Financial Responsibility Policy.

Patient Name: _____

Date of Birth: _____

Date: _____