



**PAYMENT POLICY, TERMS AND CONDITIONS OF VISITING THE PRACTICE, RECEIVING HEALTH CARE AND RELATED SERVICES AT OR FROM THE PRACTICE**

Thank you for choosing **Camarena Porter Optometrist Inc.** to care for your eye health requirements. The patient financial policy has been developed to assist in answering your questions regarding patient and medical scheme responsibility for services rendered. Your understanding of and compliance with our patient financial policy is important. Please read carefully and feel free to question any section(s) that you do not fully understand and sign where indicated. We are dedicated to providing the best possible care and service to our clients and regard your understanding of your financial responsibilities as an essential element of your care and treatment. The original will be maintained on file and a copy may be provided to you upon request.

<b>Today's date:</b>	<b>Account no:</b> <b>For Office Use</b>
<b>Private Patients</b>	<b>Please read A+C</b>
<b>Patients on Medical Scheme</b>	<b>Please read B+C</b>

**A. PRIVATE PATIENTS**

- PATIENT INFORMATION:** All patients must complete our Patient information form before being examined by the practitioner. This will form part of our agreement of service delivery and payment. It is your responsibility to ensure that we have your correct information. You will be requested to keep the practice informed with regard to changes of address, contact numbers.
- PAYMENT:** You will be provided with a quotation for the optical services and products. Once the quotation has been accepted it will be converted to an invoice. For spectacles, **a 50% deposit and the signed invoice is required for authorisation to go ahead with the optical lenses as stated in the original quotation. The person signing the invoice confirms that they have received authorisation from the person responsible for the account to do so, and is thereby authorising on behalf of that responsible person, that Spectacle World may proceed with the ordering of the optical goods. By signing the invoice, full responsibility is accepted for the account. The balance of the order is to be paid on collection. When purchasing contact lenses, the invoiced amount should be settled upfront.** We accept EFT, cash, debit or credit cards (visa/mastercard) Edcon and Cape Consumers as payment methods.

**B. MEDICAL SCHEME PATIENTS**

- PROOF OF MEDICAL SCHEME COVERAGE:** All patients must complete our Patient Information form before being examined by the practitioner. This will form part of our agreement of service delivery and payment. It is your responsibility to ensure that we have your correct information as well as up-to-date copies of your medical scheme benefit card and identity document.
- UPDATED CHANGE OF INFORMATION AND COVERAGE:** It is your responsibility to make us aware of any changes with regards to your address, employment, medical scheme plan, option, medical scheme number etc. Should you fail to provide us with the correct updated information, you will be responsible for the cost of the services rendered and immediate payment will be expected.
- PAYMENT:** **Please remember that insurance is a contract between the patient and the medical scheme company and ultimately the patient is responsible for payment in full. If your medical scheme company does not pay the practice within a reasonable period of time (30 days in terms of section 59(1) of the Medical Schemes Act), an immediate payment will be expected.** Should we receive payment from your medical scheme, we will refund any overpayment to you.
- NON-COVERED SERVICES:** Please be aware that some or perhaps all of the services you receive may not be covered or considered reasonable or necessary by your medical scheme. Should you elect to have these services, payment in full, at the time of service will be expected. We accept cash, debit or credit card (visa/mastercard), Edcon and Cape Consumers.
- AUTHORISATIONS:** It is impossible for us to know the details of every medical aid plan. Obtaining a prior authorisation for services from your medical scheme is not a guarantee of payment. It is your responsibility to

*Please turn over...*

Camarena Porter Inc Medical Scheme Payment Policy

Staff Member Initial

Initial



EYE CARE  
WE CARE

Tel: 021 595 3410 • Fax: 021 595 3415  
enquiries@spectacleworld.co.za • www.spectacleworld.co.za

For support & orders WhatsApp us on 074 434 8873

understand your plan and confirm payments of the optometric codes for professional fees and optical products as provided in the quote. The patient must sign the quote /invoice to give authorisation to order the specified optical lenses to be fitted in the specified optical frame. The person signing the invoice confirms that they have received authorisation from the person responsible for the account to do so and is thereby authorising on behalf of that responsible person, that Spectacle World may proceed with the ordering of the optical goods. The signature authorises and accepts responsibility for payment of the total amount of the invoice.

- 8. **CLAIMS SUBMISSION:** Your claim will be submitted to your medical scheme. Problems identified by your medical scheme company, will be sent to you on your medical scheme statement. Please contact your medical scheme company immediately to resolve these issues to prevent the charges from becoming your responsibility. Your failure to timeously comply with your medical schemes request may result in rejection of your claim. This will result in the practice seeking full reimbursement for services rendered.
- 9. **PAYMENT DIRECTLY TO YOU:** If your medical scheme pays you directly, our fees are due at the time of service

**C. ALL PATIENTS**

- 10. **NON-PAYMENT:** If the account is 30 days past the due date, clients will receive a statement indicating that they have to settle the account in full. Partial payments will not be accepted unless special arrangements have been made in this regard. Please be aware that if a balance remains unpaid, the account will be handed over to a collection agency after the 60 days.
- 11. **DIVORCED PARENTS of PATIENTS:** The adult who signs in a minor child into our practice on the day of service accepts responsibility for payment. The parent present at the practice must sign the quotation/invoice for the new spectacles and accept responsibility of payment. The parent's signature gives us the authorisation to order the tailor-made optical lenses to be fitted into the optical frame selected. We will discuss the treatment and payment with the parent who accompanies the patient on the day. Parents are responsible between themselves to communicate with each other about the treatment and payment of the invoiced amount.
- 12. **WAITING TIMES:** Please note that due to complicated cases or emergencies we may run late in attending to your scheduled appointment time. We will do our best to let you know when we are running behind schedule.
- 13. **CONFIDENTIALITY:**
  - a. Information relating to your health status, treatment or visit to this practice is regarded as highly confidential. Your signature authorises the optometrist to share your information with an ophthalmologist in cases where further evaluation may be necessary
  - b. **Medical Scheme:** To motivate specific treatments to your medical scheme we may have to provide them with information concerning your health history. To submit an account to your medical scheme we must provide, in terms of the law, codes on the account that discloses information to the scheme about your eye health condition.
  - c. **Insurance Companies:** Reports for insurance companies will only be sent once an *Authorisation for Release of Personal information* form has been completed.
- 14. **PATIENT RESPONSIBILITIES:**
  - a. Please keep the appointment or cancel well in advance.
  - b. Please inform us of any change of personal details (ie. surname, address or telephone number)
  - c. Be polite to the staff as their focus is to provide you with excellent service and comply to all regulations.
  - d. **Your comments and suggestions are welcome to improve the quality of our service. If we have met your expectations with regards to our service, tell a friend, if not, tell us. Your feedback is important, both good and bad, for us to strive to ensure service excellence.**
  - e. The practice operates a zero-tolerance disrespectful behavior policy. Patients may be asked to leave the practice if this policy is not adhered to.

I have read and understand the payment policy of Camarena Porter Optometrist Inc. and I agree to be bound by its terms. I also understand and agree that such terms may be amended at any time.

\_\_\_\_\_  
Patient / Responsible Person / Guardian Signature

\_\_\_\_\_  
Date