

## Heart of America Eye Care, PA

Dear Managed Care Patient:

Thank you for making an appointment with our practice group. Our health care providers and staff will do their best to meet your eye care needs.

It is to the benefit of the patient and the health care provider to follow requirements set forth by managed care plans and insurance carriers. Following the outlined steps will make compliance with these requirements as simple and advantageous as possible.

**ABOUT CO-PAYMENTS:** If your plan stipulates an office co-payment, it will be required from you at the time of your appointment.

**ABOUT REFERRALS:** Managed care plans may require either a written or verbal referral from your primary care physician, PCP, whose name should be imprinted on your insurance card. Please contact your PCP to either provide you with the referral or have the referral faxed to our office at 913-362-0407. Prior to your visit, call the Heart of America Eye Care office at 913-362-3210 to verify receipt of your referral. This will prevent any inconvenience for you at the time of your appointment and will avoid having to reschedule the appointment or pay for the visit at the time of service.

**ABOUT ANNUAL DEDUCTIBLE:** Your plan may require that you meet an annual deductible amount. Should you have questions regarding your deductible, call your plan administrator.

Any remaining balance, after insurance has issued payment, will be billed to you. A patient's monthly statement should reflect balance due. Prompt payment is appreciated. Questions regarding your account should be directed to the Insurance Department at 913-362-3210.

**PLEASE MAKE SURE YOU ARRIVE AT YOUR APPOINTMENT WITH YOUR REFERRAL AND/OR CO-PAYMENT AND INSURANCE CARD. THANK YOU AGAIN FOR ALLOWING US TO PROVIDE FOR YOUR HEALTH CARE NEEDS.**

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