

Children's Eye Center
Lonn Bradley Lockhart, MD
David C. Hyde, MD
PRACTICE LIMITED TO
PEDIATRIC OPHTHALMOLOGY AND STRABISMUS
(512) 458-1922

CHILDREN'S EYE
PHYSICIANS AND SURGEONS

DIPLOMATS AMERICAN BOARD
OF OPHTHALMOLOGY

Surgery Fee Policy

PRIVATE PAY (no insurance coverage)

A down Payment of 50% of the surgical fee is required prior to surgery. The only exception to this would be emergency surgery. The balance is due within 30 days of the date of surgery.

INSURANCE COVERAGE

We will verify eligibility, coverage benefits, and deductible amounts prior to surgery. (Please note: Verification of benefits is not a guarantee of coverage or payment. This is determined once the claim has been received by the insurance company and is subject to eligibility and benefit limitations at the time of service.)

Insurance coverage is considered a contract between the insurance company and the member. We will assist you by filing a claim for the surgical procedure. Any portion of your deductible, which has not yet been satisfied, is due prior to surgery. After your insurance company has paid their portion you will be expected to pay any remaining patient portion not previously collected.

Please remember there will be additional charges from the hospital and the anesthesiologist not included in any dollar amount given to you by our office. To get an idea of their charges, please call the hospital where the procedure has been scheduled.

For Children's Hospital of Austin or Seton Northwest contact their Financial Services Department at 512-324-1125 or 800-749-7624. After speaking to the hospital you will need to call Capital Anesthesiology at 512-454-2554.

Any amount of the charges and allowable are estimates of the actual dollar amount. The exact charges will be determined after the procedure has been performed. Actual insurance benefits are determined after the claim has been reviewed by your insurance plan for eligibility and benefit limitations. There is never a guarantee of payment by our office or by your insurance company.

Use the following form to help determine the amount you will be responsible for.

Insurance benefits were quoted on, _____, as follows:

Out-patient surgical deductible: _____ Of this amount you have met: _____

After your deductible has been satisfied, your insurance company will pay _____% of the allowable; and you will be responsible for the remaining _____%.

Doctors estimated charges: _____ Estimated insurance allowable: _____

Hospital estimated charges: _____ Estimated insurance allowable: _____

Anesthesiologist estimated charges: _____ Estimated insurance allowable: _____