

# PATIENT INFORMATION

Steven R. Bullard, MD  
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**Please complete the paperwork and bring it to the receptionist.** For the pediatric patients, please fill out both sides of the yellow sheet. For the adult patients, the front of the green sheet needs to be filled out. The insurance page needs to be completed. Please sign the top of the billing invoice. Please sign the refraction policy. The HIPAA form and Financial Policy form need to be read and signed. Below is some information that we hope you will find helpful.

- Dr. Bullard participates with many medical insurances. If we do participate with your plan, we will submit to your insurance carrier. Your claim is subject to final approval by your insurance company. Any amount deemed a non-covered benefit, or applied to your deductible, is your responsibility. It is in your best interest to be familiar with the limits and other restrictions of your insurance policy because not every eye treatment/service is a covered benefit in all contracts. The patient is responsible for any cost not covered by the insurance contract. **Payment for non-covered services is expected at the time of service. If this is not paid at the time of the appointment, you may be billed a processing fee (in addition to the charge for the non-covered service) when you receive your invoice from the billing company.**
- If we do not participate with your insurance plan we can provide you with an itemized receipt of your charges that you can submit to your insurance company. It is possible that your insurance plan may reimburse you some or all of your charges.
- If you have a **PPO** plan, this is a medical plan that does not require a referral. Most of them do not have routine eye care coverage (i.e. they often do not cover for diagnoses such as nearsightedness or astigmatism). The cost of a routine exam will be collected in full at the time of service. If you are seeing us for a medical issue, your insurance is likely to cover the exam, and we can submit the claim for you. If you have an **HMO** plan, you are required by your insurance company to bring a valid referral from your primary care physician at the time of the appointment. It is your responsibility to make sure your referral is in your insurer's accepted form, is valid/unexpired for the date of your exam, and the number of visits allowed has not run out. If you have not obtained the referral and are seen you agree to waive your referral meaning you and not your insurance will be responsible for paying the bill. Even though you bring a referral, this does not guarantee payment by your insurance carrier. If you have a **POS** plan, it is not mandatory for you to bring a referral, but it is possible that you will receive better benefits through your insurance carrier if you do so. **Please be certain to present your insurance card(s) to the receptionist before going into the exam room.** Be certain you give the receptionist your **current** insurance card -- not a card for an old terminated insurance plan and not one that is yet to be activated. Notify us of any changes in your insurance.
- **Dr. Bullard does not participate with any 'Vision Plans' (such as VSP, Davis Vision, Spectera, etc.).** Vision Plans are not medical insurances. They are distinct, separate insurances that cover routine vision diagnoses such as nearsightedness, astigmatism, and farsightedness. Some medical insurance companies still directly cover routine vision diagnoses, while some do not. **If your medical insurance carrier has contracted out coverage for routine vision diagnoses to a 'Vision Plan', you will be responsible for the bill as we do not participate with any of these routine vision plans.** *Please note: any medical eye symptoms your child may have must be discussed at the time of your appointment – they cannot be added after the claim has been filed with your insurance.*
- Co-pays, deductibles, and/or co-insurances are collected at the time of the visit. Please make payments with cash, check, or credit card.
- Many insurance carriers do not cover for the **refraction** portion of the eye exam. That is the actual determining of your eyeglass prescription. This is not considered a medical benefit. It is viewed as routine eye care. The cost is \$75 and is collected at the time of the visit.
- **Medicaid.** There are many types of Medicaid in Virginia. When Medicaid is the **primary** insurer, Dr. Bullard only participates with Anthem HealthKeepers Plus and straight Medicaid (DMAS). If you have one of the

other HMO plans and you only present your Virginia Medicaid card, neither your HMO nor 'Straight Medicaid' will cover your visit, and you will be responsible for any charges. When Medicaid is the **secondary** insurance, he participates with all of the plans except Virginia Premier Health. Dr. Bullard does not participate with Maryland or District of Columbia Medicaid plans.

- If for any reason you need a copy of your records, we have a record release form that must be signed by the patient or responsible party. The record release processing fee is \$20 *plus* 50 cents per page (up to 50 pages) *plus* postage fees if mailed. Please allow two weeks for the request to be processed.
- School forms or notes are subject to a \$25 fee.
- We have a 48-hour cancellation policy. If you need to cancel or reschedule your appointment, please do so at least 48 business hours before the appointment in order to avoid the late cancellation fee.
- Your appointment time has been reserved exclusively for you. Any change in your appointment affects many patients. We reserve the right to reschedule your appointment if you are more than 15 minutes late. If you fail to show up for your scheduled appointment, there is a charge of \$50.00 for established patients, \$100.00 for new patients.
- There is a \$25.00 fee for returned (bounced) checks.
- Accounts sent to collections are subject to a 35% surcharge.
- None of the aforementioned office policies are alterable nor negotiable and any changes made are not valid.

***I have read and understand the above information.***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Name of Signor: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

NAME OF PATIENT: \_\_\_\_\_

(Please Print)