



## 70 Years of Excellence

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Peter J. Sneed, MD  
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J. Ryan McManus, MD  
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## Greetings from Grand Traverse Ophthalmology Clinic

We would like to thank you for choosing GTOC and we want to provide you with the best possible care. To help us do that, we ask that you please review the following information.

### Items to bring to your appointment

- All of your newest insurance cards
- Photo ID
- Your most up-to-date glasses (if you use multiple pairs of glasses, please bring them all)
- If you are being seen for a routine contact lens exam, please wear your contacts to your appointment (and bring your glasses)

### Special Appointment Notes

- Cataract consultations
  - If you wear contact lenses and are coming in for a cataract consultation, please DO NOT wear your contact lenses for two weeks before your appointment.
  - Cataract consultations take approximately 2 hours.
- Eyelid evaluations with Dr. Sneed – Please do not use eye makeup or cream prior to your appointment.

### Pre-registration

New patient forms can be submitted online or downloaded and manually filled out, whichever works best for you. To access the forms, navigate to the New Patient Health History & Demographics Form section at [www.gtoc.net](http://www.gtoc.net) and choose either the “Submit forms online” or the “Download & print forms” button to complete the new patient forms.

**Online forms or faxed forms need to be received at least 72 business hours before your appointment.**

### General Information

- GTOC participates with Blue Cross Vision, Vision Service Plan (VSP)\*, and EyeMed\*. If you're being seen for a medical reason (versus routine exam), we may be able to submit a claim to your medical insurance (if we are a participating provider). Please feel free to call us if you have questions regarding our participation with your insurance.
- Medicaid: Our participation with Medicaid depends on the program in which you are enrolled and the reason why you are coming in to be seen. Please call our office if you have questions. Please have the Medicaid number available when you call.
- Any charges not covered by insurance (such as co-pays, refraction charges not covered by Medicare, etc.) are due at the time of checkout.
- For glasses and/or contact lens orders, full payment is expected at the time of placing the order.
- If you need to change or cancel your appointment, please do so as soon as you are able. This is a courtesy to our patients who may be on a waiting list to see the doctor.
- If you have any questions before your appointment, please call us at 231-947-6246 or 1-800-968-6612.
- See the Contact Us link on the GTOC home page for directions to and a map for each GTOC location.  
(\*Traverse City and Petoskey offices only)

**gtoc.net**

929 Business Park Dr.  
Traverse City, MI 49686  
231.947.6246 800.968.6612

511 Ashmun St.  
Sault Ste. Marie, MI 49783  
906.635.9802 800.824.2711

2061 M-119  
Petoskey, MI 49770  
231.487.2020 866.407.2020

## OUR FINANCIAL SUMMARY – PLEASE KEEP THIS COPY FOR YOUR RECORDS

We are committed to providing you with the best possible professional care. This care can be furnished only on the basis of mutual understanding. We encourage you to discuss any questions you may have regarding our billing or financial policies with our staff.

### INSURANCE

We participate with Blue Cross/Blue Shield (including PPO plans), Priority Health, Blue Care Network Blue Cross Vision, Northern Group Services (Sault Ste. Marie Tribe only), PPOM/Cofinity, and Aetna. In the Traverse City and Petoskey offices, we participate with the above medical insurances plus Vision Service Plan and EyeMed. Participation means that we will submit the claim for you and accept assignment on covered services. You are responsible only for applicable co-payments and deductible amounts at the time of service. For patients with private insurance, payment is requested at the time of service for all procedures. Two copies of your bill will be provided for your convenience in filing claims to your insurance carrier.

### MEDICARE

Our office does participate with Medicare and will file all claims with a valid signature on files. We will also file your secondary insurance (coordination of benefits). Medicare patients will be responsible only for co-payments, deductibles, and non-covered services at the time of their visit. **Routine eye exams and refractions are not covered by Medicare** and payment will be requested at the time of service.

### MEDICAID

We do participate with most Medicaid plans for your visit with the physician and will file claims with a valid signature on file. Our optical department, however, does not and you will be responsible for the entire balance for merchant-discount purchased. We require that you provide us with a copy of your Medicaid MI Health card **at the time of service**.

### WORKERS COMPENSATION

We will file a claim with your workers compensation insurance company. Please contact your employer to complete the appropriate forms.

### OPTICAL GOODS

Full payment is required at the time of order for all contact lenses, eyeglasses, optical supplies, and accessories.

### CREDIT CARDS

For your convenience, we do accept American Express, Visa, MasterCard, and Discover credit cards as well as Care Credit and Alphaeon Credit.

Your insurance is a contract between you, your employer, and the insurance company. Our fees are considered usual, customary, and reasonable (UCR) by most companies. Some insurance companies arbitrarily select certain services that they will not cover. We must emphasize that our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. If you have any questions about the above information, please do not hesitate to ask. We are here to assist you.

I understand and agree that (regardless of my insurance status) I am ultimately responsible for the balance on my account for any professional services rendered or optical goods supplied.

**AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN:** I hereby authorize payment directly to the undersigned Physician of the Surgical and/or Medical Benefits, if any, otherwise payable to me for his/her services as described below but do not exceed the reasonable and customary charge for those services. I understand the provider's charge may exceed the private insurance carrier payment, and if greater than such payment, I will be responsible for that amount.

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize the undersigned Physician to release any information required in the course of my examination or treatment.



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### MEDICAL vs. VISION INSURANCE

One of the most challenging billing issues in an Ophthalmology/Optometry office is whether we should be billing the medical or vision plan.

An Ophthalmologist is a medical doctor (just like your family doctor) and provides very comprehensive, medical eye exams. However, Ophthalmologists also provide routine vision exams for people with no eye disorders.

An Optometrist is a doctor who can also provide medical and routine eye care.

### For Patient with Both Medical and Vision Coverage

Your vision insurance is intended to provide you with a baseline eye evaluation. If you are being evaluated for medical reasons (corneal disorders, diabetes, cataracts, glaucoma suspect, double vision, etc.), you are being provided with medical care. Your vision company doesn't provide coverage for medical care. Therefore, we will be billing your medical insurance for visits related to medical complaints and problems. *Please be aware that some medical policies (such as Medicare) **do not cover a refraction test** (the test used to determine your glasses prescription). This charge will be collected at the time of check out.*

### For Patients with no Vision/Optical Coverage

If you are being seen for a routine eye evaluation and don't have vision/optical coverage, your medical insurance will not pay for an eye exam. However, if you have a medical problem (corneal disorders, diabetes, a lazy eye, cataracts, glaucoma suspect, double vision, etc.), your visit is considered a medical problem and can be billed to your medical plan(s). *Please be aware the some medical policies (such as Medicare) **do not cover a refraction test** (the test used to determine your glasses prescription). This charge will be collected at the time of check out.*

Also, please be aware that some plans no longer pay for the diagnosis of blurred vision or headache. They are considering this a routine vision exam and are often not paying for the visit. We would be happy to submit to your insurance, but you will be responsible for any balance that is denied by your insurance.

Our billers will determine the appropriate plan to bill after your evaluation. It is our goal to provide you with the best medical and routine eye care that we can and that includes assisting you with your insurance plans and understanding your benefits. If you have specific questions about your benefits, it is suggested you contact your insurance company directly.

Thank you.

**gtoc.net**

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## GRAND TRAVERSE OPHTHALMOLOGY CLINIC PC

### Notice to our patients

With the changes in Healthcare for 2014, we would like to provide you with some information that might be helpful in understanding your Insurance and how charges are processed. We are providing you with a list of terms and what they mean with regards to your health benefits. If you have any questions about any of the information listed, please see one of our staff members and we would be glad to assist you.

**Co-Insurance:** This is your share of the costs of a covered health care service. It usually is a percentage of the allowed amount for the service. You may be required to pay the co-insurance *plus* any deductibles you owe.

**Allowed amount:** This is the maximum amount on which payment is based for covered health care services. This may be called “eligible expenses,” “payment allowance,” or “negotiated rate.” Providers who are contracted with Insurance Companies, are required to accept the “allowed amount” and are not able to balance bill you for the difference between the charged amount and the allowed amount.

**Co-payment:** This is a fixed amount you pay for a covered health care service, usually when you receive the service (for example \$15). The amount that you will pay may vary by the type of service you receive. Some policies have different co-pays for Specialists (for example, GTOC), primary care, and Emergency visits.

**Deductibles:** This is the amount you owe for covered services *before* your health plan pays anything. For example: If you have a \$1000 deductible, your plan will not pay anything until you have met your \$1000 deductible. Insurance Plan deductibles vary and are forever increasing. If you have a high deductible plan and you have not met your deductible, you should plan on getting a bill after the claims are processed. The deductible may not apply to all services.

**Excluded services:** Services that your health insurance or plan *doesn't* pay for or cover.

**In-Network Co-Insurance:** The percent you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-Network co-insurance usually costs you less than the out-of-network co-insurance.

**In-Network Co-payment:** The fixed amount you pay for covered health care services to providers who contract with your health insurance or plan. In-Network co-payments usually are less than out-of-network co-payments.

**Medically Necessary:** Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

**Out-of-Network Co-insurance:** The percent you pay of the allowed amount for covered health care services to providers who do **not** contract with your health insurance or plan.

**Out-of-Network Co-payment:** A fixed amount you pay for covered health care services from providers who do **not** contract with your health insurance or plan.

**Refractions:** A refraction is a vision test that determines your best-corrected visual acuity with eyeglasses. If you do not have vision insurance, then you will be asked to pay for this service at the time of your visit.

**Contact Lens exams:** A contact lens exam is a separate exam from your routine eye exam. This examination is done to fit you with contact lenses. The prescription for contact lenses is different than for glasses, therefore, requires a separate exam with a separate charge. If you have vision insurance, some of these exams are billable to your vision plan.

***It is your responsibility to know what your benefits are with regards to your health insurance plan. It is also your responsibility to know what benefits you are eligible for and know your co-pays. Co-pays, refractions, and contact lens exams are due at the time of services and we will expect payment for these the day you are seen. We are here to assist you with any questions you may have about this information.***

**You will be asked to sign our HIPAA Privacy Consent when you arrive for your appointment.  
Below is a copy for your review.**

## **GRAND TRAVERSE OPHTHALMOLOGY CLINIC**

### **Consent For Purposes of Treatment, Payment, and Healthcare Operation**

I consent to the use or disclosure of my protected health information by Grand Traverse Ophthalmology Clinic, PC, (GTOC) for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills, or to conduct health care operations of GTOC. I understand that diagnosis or treatment of me by the physicians of GTOC may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment, or healthcare operations of the practice. GTOC is not required to agree to the restrictions that I may request. However, if GTOC agrees to a restriction that I request, the restriction is binding on GTOC and the physicians of GTOC.

I have the right to revoke this consent, in writing, at any time, except to the extent that GTOC or the physicians of GTOC has taken action in reliance on this consent.

My “protected health information” means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review GTOC’s Notice of Privacy Practices prior to signing this document. The GTOC’s Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or in the performance of health care operations of GTOC. The Notice of Privacy Practices for GTOC is also provided in GTOC’s main waiting room and registration desk. This Notice of Privacy Practices also describes my rights and GTOC’s duties with respect to my protected health information.

GTOC, P.C., reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment .

**You will be asked to sign our Explanation of Refraction Charge when you arrive for your appointment. Below is a copy for your review.**

## **Explanation of Refraction Charge**

A refraction is a measurement that determines your best vision and is used to determine your eyeglass or contact lens prescription. Determining your best vision is the only way to begin an evaluation of your eye health. If your vision is less than 20/20 we will need to perform a refraction. A refraction can be performed by a doctor or technician and typically involves questioning along the lines of, "Is it better 1 or 2?" **The decision to charge for this test is left up to the discretion of the physician.**

Medicare and many commercial insurances do not consider a refraction to be part of a comprehensive eye exam. If you have Medicare and a secondary insurance, this charge is not covered by those carriers. If you have a Vision plan (Eyemed or Vision Service Plan) these plans do cover an exam with a refraction and you would be required to pay any co-pays that plan requires at the time of service.

If a refraction is necessary as part of your exam, there will be a **\$40** fee you will be required to pay when your visit is complete unless you have a vision plan that covers this service.

Your signature signifies that you understand this notice.