Financial Policy and Disclosure

Patient Legal Name: ______________________________ DOB: __________

As we are dedicated to providing the most efficient and reasonable eye health and vision care services to you and your family, our office feels that your understanding of the financial and disclosure policy is also an essential component of the care. Therefore, it is necessary for us to have a Financial Policy and Disclosure statement to inform you of our requirements for payment for Services provided to patients.
All comprehensive exams (which includes Diabetic Eye Exams) consist of a full eye health evaluation, which includes assessment for glaucoma and cataracts and a refraction to evaluate the visual system. Refraction Service is usually considered a "non-covered" service with most medical insurances. A Contact Lens Evaluation is an optional "non-covered" by medical insurance service which is an additional charge and may be performed on the same day or within thirty (30) days of the routine eye exam.

Medical and Vision Insurance Policy

- If you carry a medical insurance policy, it is our policy to file a claim with your insurance carrier as a courtesy to you. We must have accurate and complete insurance information at the time of service.
- If a service is provided and is not covered by your insurance company, you will be expected to pay at the time of service.
- If we have not received a payment from your insurance company within ninety (90) days, you will be responsible for the balance due.
- Estimated deductibles, co-payments, an estimated coinsurance will be collected before services are rendered for insurances with which we participate. The insurance company will determine the final financial distribution.
- In special cases, we may need your help in contacting your insurance company for the payment of your services.

*Our office will ONLY file to contracted/participating insurances. It is ***the patient's responsibility*** to provide our office with accurate billing information and to understand the insurance benefits and financial coverage. If the insurance plan requires a ***referral***, the patient is responsible to assure that the referral has been received by the referring office, before the exam.

Notice of Exclusion from Health Plan Benefits

Self-Pay Policy

The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself.

- You will be required to pay in full the same day that services are provided, at check out.
- Methods of acceptable payments are *Cash, LOCAL Bank Check or Visa/MasterCard/Discover/American Express.*
- In order to provide the best medical care, we ask that you do not discuss your financial concerns with the physician(s) or medical staff. Please discuss any account information with the check out associate or receptionist.

Divorce/Custody Case/Personal Representative Policy

- The parent or guardian who brings the patient into our office will be held financially responsible for the minor's medical expenses, regardless of the provisions in the divorce decree or custody arrangements, and regardless of the child's relationship to the insurance subscriber (if applicable).
- For situations where the patient is not able to sign legal documents, the personal representative, such as Power of Attorney, must provide notarized copies of necessary legal documents. He or she must be available to sign all documents, and must be present during the exam.

Worker's Compensation Policy

- If you are a worker's compensation patient, it is our policy to bill your employer or the worker's compensation carrier for services rendered.
- If payment is denied from your worker's compensation carrier, you will become responsible for the entire balance of your services. Payment will be due within ten (10) days following any worker's compensation payment denial.
- It will be your responsibility to contact us with the name and address of your employer or the insurance company that covers your employer.

Overdue Balances

- All overdue patient balances will be considered bad debt.

To help in this policy we ask that you assist us at the time of service by:

1. Providing us with current and updated information on yourself and your insurance company.
2. Presenting an updated photo identification card and insurance card when changes are made.
3. Making the appropriate payment at the time of service; whether it is a deductible, copay, coinsurance, refraction, or for the full amount if you are a Self-Pay Patient.

Signature of Patient / Parent / Guardian / Conservator	Date	Reason patient is unable to sign