

## Financial and Billing Policy

- **Payment Due:** I understand that payment is due when service is rendered.
- **Co-pay, Co-insurance and Deductibles.** It is my responsibility to know what my co-pay, co-insurance and deductibles are, and my obligation to pay this at the time of service.
- **Billing Fee:** If I am not able to pay my co-pay, deductible or co-insurance portion at the time of service my appointment may be rescheduled or subject to a \$15.00 billing fee.
- **Insurance Coverage:** I acknowledge that the insurance cards I have presented are current and accurate.
- **Non-covered Services:** I understand that some services may be considered non-covered services by my insurance plan. I understand that it is my responsibility to know what my insurance does or does not cover and I understand that I am financially responsible for paying all non-covered services.
- **Denied Charges:** I understand that some charges may be denied by my insurance carrier as investigational, experimental or not medically necessary and will not be paid by my insurance carrier. I understand that my physician feels these services are needed whether my insurance carriers deem them payable or not and that I am obligated to pay for these services in full.
- **Refractions:** Refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is necessary in order to write a prescription for glasses or contact lens. Medicare and most medical insurance **do not** cover the fee for refractions.
- **Participating Insurance Plans:** If the practice is not a participating provider in my insurance plan, I will be responsible for filing my own claims and I will be responsible for paying in full at the time of service.
- **Returned Checks & Past Due Accounts:** Returned checks will be subject to collection charges, penalties and interest. All accounts are considered past due if not paid within 90 days of service. Past due accounts may result in collection turnover and subject to penalties and interest, or the refusal of future appointments until old balances have been paid in full. The practice does not accept post dated checks.
- **Vision Plans:** The practice does not participate in any vision plans. We only bill medical plans for services rendered.
- **Medical Plans that have Vision Benefits:** Please be advised that some medical plans do have routine vision benefits; however, sometimes these vision benefits are with a different carrier than your medical plan. We may be participating providers with your medical plan but not your vision plan. Please contact your carrier to verify your benefits and whether the practice is a provider for both your medical and vision plan.
- **Surgery Charges:** The practice will make every effort to determine your insurance benefits and to relay to you what you will owe for surgery charges, please keep in mind that this is just an estimate. Please be aware that when surgery is performed, you may incur addition charges (in addition to the surgeon's fees) from the surgery facility, anesthesiologist, laboratory or radiologist.
- **Authorizations:** Some insurance plan require you receive a prior authorization for services by a specialist, please review your policy to see if there is such a requirement and obtain this authorization prior to your visit with our clinic.
- **Missed Appointment Policy:** All appointments require 24 hour notice of cancellation/rescheduling. Any missed appointment within 24 hours of scheduled time will be considered a "missed appointment". New patients that miss their appointment and wish to reschedule will be required to make a \$50 dollar refundable deposit prior to rescheduling. Existing patients will be charged a \$40 fee when no prior notice is provided. Two (2) instances of no-show/late rescheduling will prompt a written reminder of office policy. A total of three (3) instances of no-show/late rescheduling in the absence of a personal emergency situation will result in dismissal from the practice.