

OUR FINANCIAL POLICY

We are committed to providing you with the highest level of service and quality care. To achieve these goals, we need your assistance and understanding of our financial policy. Ultimately, however, all financial liability rests with the patient.

Our office participates in most major insurance plans. We provide **MEDICAL and SURGICAL** ophthalmologic care to our patients, as opposed to **routine eye exams**. We do not participate with **ANY** vision plans. **If you have a managed care plan that requires a referral to see a specialist, you must obtain a referral for your visit to our office to be covered under your medical insurance.** If you do not have a valid referral and still wish to be seen, you will be asked to pay for the visit prior to your examination. **A refractive examination is not a covered service by most medical insurance companies, including Medicare, thus, patients will be responsible for this fee.**

It is the patient's/parent's/guardian's responsibility to:

- Be familiar with the benefits of your plan, including co-pays, co-insurance, and deductibles.
- Bring all your current insurance cards to all visits.
- Provide our office with current information including address, phone numbers and employer.
- In accordance with your insurance contract, you must be prepared to pay your co-pay at each visit. We accept cash, checks and all major credit cards for services.

We appreciate prompt payment in full for any outstanding balance. Accounts are considered delinquent and are subject to third-party collections after 90 days of non-payment. During this time, we will send several statements to notify you of your outstanding balance.

Any check payments that do not clear the bank will be subject to a **\$30** returned check fee.

For all services rendered to minor/dependent patients, we will look to the adult accompanying the patient and/or the parent or guardian with whom the child resides for payment. In cases of separation or divorce, when presenting insurance cards for a dependent enrolled under a subscriber other than you, please be prepared to supply their name, address, phone number, date of birth and social security number. We request that you inform the subscriber that their insurance has been used.

Thank you for your cooperation.