



Patient Financial Policies

Billing/Insurance Information:

You must provide your insurance information and a copy of your insurance card(s) at each visit. Payment of your required co-pay and any non-covered services are required at the time of service. We may also request payment for deductibles and co-insurance provided by your insurance carrier at the time of service.

ATTENTION! A Refraction is a NON-COVERED service per your medical insurance. This test determines your eyeglass prescription, however, it is also used as a very important tool when diagnosing your eye health. It is vital for a comprehensive eye exam. Medical insurances consider this test to be routine – meaning it may only be covered by vision insurance benefits. We will not bill your medical insurance and vision insurance in the same day, therefore you will be responsible for paying for the refraction. You may personally submit to your vision insurance after your visit for reimbursement. We will happily give you a copy of the receipt, as well as an itemized statement.

We participate with most major insurance carriers, including Medicare/Medicaid, and some vision plans, but it is your responsibility to confirm benefits and coverage prior to services being provided. We will submit claims to your insurance carrier, but you remain responsible for any charges incurred regardless of your insurance coverage. All unpaid balances will be billed to you as self pay and are due within 30 days of the statement date. Past due balances may be subject to outsourcing to a third party agency for collection. Your insurance carrier can tell you whether we are contracted with them. For any insurance plans that we do not participate or contract with, you are responsible for any unpaid balance and if unable to pay in full you must make payment arrangements with our billing staff.

It is your responsibility to:

- ✓ Know your insurance benefits and coverage.
- ✓ Know whether a referral is required.
- ✓ Know whether pre-certification for a procedure or surgery is required.
- ✓ Notify us of changes to your insurance plan or coverage.

Cosmetic and Elective Surgery:

Fees for cosmetic and elective procedures (not covered by insurance) must be paid in full up front. We will discuss any fees thoroughly with you before you are scheduled to have your procedure.

By printing and signing below, you are indicating that you understand our financial policies:

Patient Name: _____

Patient Signature: _____ Date: _____