



FINANCIAL POLICY

The following is a statement of our financial policy, which we require you read and sign prior to any treatment. Please let us know if you have any questions.

If you are seeing the doctor for a medical condition we will bill your insurance. If you are required to have a referral from your primary physician, it is your responsibility to obtain this referral prior to your visit. If you do not obtain the referral, you may be responsible for all charges. If you require assistance in this matter, our office may be able to help. It is your responsibility to know the benefits and coverage requirements of your insurance policy.

If you are seeing the doctor for routine vision examination, full payment is due at the time of visit. If you have coverage for routine care we will bill your insurance provided that all requirements are met, i.e. doctor participation and interval of vision benefit. If a preauthorization is required, it is your responsibility to obtain this prior to your visit. It is your responsibility to know your insurance policy.

Please note that most insurance companies, including Medicare, do not cover refractions. This procedure may be required at all visits. If your insurance does not cover this procedure, you will be responsible for the charge. Ultrasounds and High Resolution Ultrasounds are sometimes not covered by insurance companies. If this test is required for you and your insurance does not cover the procedure, you will be responsible for the charge.

All copays are due at the time of the visit. If there is any balance due from you after your claim is processed such as deductible or coinsurance, we will send a statement to your home address. Balance is due upon receipt of the statement. If payment cannot be made in full within 30 days, please contact our office for possible payment arrangement. If you are uninsured, full payment is due at time of service.

Patient balances that have not been paid in full by 90 days from the date of service will be forwarded to a collection agency. The ability to schedule follow up appointments will be suspended until overdue balances are paid in full.

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any private insurance company's arbitrary determination of usual and customary.

I have read, understand and agree to this financial policy.

Signature: _____ Date: _____