

OUR OFFICE FINANCIAL POLICY

Dear Patient:

Thank you for choosing our office to provide for your eye care. Members of our staff are available to help you understand all of our office procedures. The following information concerns the financial policy of this practice.

REGARDING PAYMENT

When we are not billing an insurance company, fees for office services are due at the time of service. When your visit is concluded and paid in full, we shall happily provide you with a detailed breakdown of code numbers and charges for services that you may submit to your insurance company for your reimbursement. Payment can be made to us with cash, check, Visa, MasterCard, or Discover.

Insurance is a contract between you and your insurance company. We are not a party to this contract. You are responsible for the timely payment of your account.

MEDICARE: We will accept Medicare Assignment. We will be requesting \$30 for the refraction fee. We will accept assignment on your secondary insurance if this applies. You will be billed for any deductibles not met through Medicare.

HMO'S & EPO'S: All HMO and EPO patient are required to have a valid referral from their primary care physician for EACH office visit unless otherwise told.

PPO'S: All PPO patients should present their card at the time of the visit and should be aware that NOT all routine visits are covered and they will become responsible for charges due.

WORKMAN'S COMPENSATION: If you are covered by Worker's Compensation please discuss your payment situation with our office staff prior to date of service.

GLASSES

No order will be started until full payment is received.

CONTACT LENS FITTINGS

Please ask for specific information regarding contacts and contact lens fittings with our office staff. All contact lens orders must be paid in full at time of order.

Thank you for understanding our financial policy. Please let us know if you have any questions or concern.

Signature: _____

Date: _____