

Financial Policy

Thank you for choosing **Advanced Eye Care and Vision Gallery**. We welcome you as a patient and look forward to helping you protect your vision for life. This notice is intended to enhance communication and understanding with our patients regarding your financial responsibilities for services received, and the role of insurance billing for your care and treatments. We want you to know we take our responsibilities seriously, including committing valuable resources to protecting your eye health and assisting you in the utilization of your insurance benefits. If you have any questions at any time, please direct them to the insurance or office manager.

For the insurance plans we participate in, our office will electronically file your insurance claim for you and agree to have your insurance pay us directly. This is a courtesy we offer to our patients. However, you must understand that if your insurance does not pay for services or materials you have received, you agree to the following:

- You are liable for all services and appointments received. *Appointments missed without adequate advance notice (generally 24 business hours preceding your appointment) are subject to a \$95 cancellation fee.*
- Unless you are paying in full yourself on the day of service, you agree to provide us with your current insurance information at the time of scheduling or at least 24 business hours preceding your appointment with us.
- Your employer chooses among a multitude of plan options, with benefits that change frequently. These large variations in coverage make it impossible for us to know the details and restrictions of every plan. We therefore contact your insurance company for clarification of your specific benefits. However, they will not guarantee payment, and often provide us with inaccurate information. We can only share with you what they tell us, with the understanding that we will not know the full outcome of your claim until they send the Explanation of Benefits (EOB) to us.
- If you are concerned about your coverage, it is essential that you know what is covered by your insurance plan by contacting HR or your insurance company directly. For example, some insurers reimburse for annual vision examinations and others do not. Referral rules vary as well.
- Our office is always happy to serve you. If you wish payment from an Insurance company that requires insurance Referrals, please have them from your Primary Care Physician at the TIME OF SERVICE (TOS). If you do not have the insurance referral in-hand, we require payment in-full at TOS. Our staff will then provide you with receipt you can submit for reimbursement; however, without required referrals, they may not reimburse you.
- After the EOB has been received by our office we will notify you of the balance due. If payment is promptly received, there is no charge for the first notice. However if not paid by the due date and if a second notice is generated, you will be responsible for the \$15 billing charge. To avoid this service fee, payment must be received by the due date.
- In those infrequent situations where the insurance company has stated inconsistencies with the benefit plan either due to (but not limited to) benefit type, coverage termination or coordination of benefits, you must take an active role in the recovery and remittance of the claim. After 60 days of non-payment, we will send you a bill for payment due to us. We will keep your credit card # _____ (MC or Visa) and expiration date _____ to utilize should this situation arise.
- If you receive a statement but fail to remit, you will incur a \$15 service charge each time we attempt to collect from you. If no payment is made within **90** days, we will forward your case to a collection agency.

Signing this form acknowledges that you have read our policy, accept full financial responsibility for payment and give us permission to bill your claim electronically and/or by mail.

Patient or responsible party name

Signature

Date