

FINANCIAL POLICY

Effective 10/1/2005; Rev 6-2013

Your Visit to Our Offices: Please bring your current insurance card with you to your appointment. Please complete all registration forms prior to your visit to our office, if possible, as this will expedite the check-in process. (Patient forms are available for download and print on our website at www.totaleyecarecenters.com). **It is extremely important that your registration forms are kept up-to-date for billing purposes.** In the event that any of it has changed, you will be responsible to advise us so we may update your records.

Health Insurance: If you will be using your health insurance to settle your account, you must present your **CURRENT** insurance card at each visit. This is a requirement of your insurance company. Your health insurance is a contract between you, your employer, and the insurance company. We are not a party of that contract. Not all services are covered in all insurance contracts. Be aware that refractions are often non-covered. **Co-payments and deductibles are to be paid at the time of your visit or your appointment will be rescheduled.** **If we do not participate with your insurance, payment is required in another form.** We will provide you with an itemized bill so that you may submit the charges to your carrier for reimbursement.

Refraction: \$45.00 A refraction is the part of the exam that checks a patient to see if they need a prescription or changes in a current prescription. This is usually optional, unless your doctor feels it needs to be done. If you **DO NOT** wish to be refracted, please tell the technician when you go back for your exam.

Self-Pay: If you are self-pay, you will be expected to pay the day's charges on the day of the service. If you are having surgery, you will be expected to make mutually agreeable payment arrangements prior to receiving the service. If the service is considered elective (LASIK, refractive, and cosmetic procedures), payment must be made in full prior to the services being performed.

Auto Insurance /Legal Claims/Workman's Compensation: If you are seeing a physician as a result of an auto accident or other injury related to a legal claim against a third party, you will be considered self-pay. We will not file a claim with your auto insurance company or await a court settlement to be resolved. Also, several of our physicians provide services under workers compensation plans. If you need to see a physician for an injury related to your employment, please have your employer or workers compensation case manager make the appointment. Should you make the appointment yourself, be advised we must confirm your injury with your employer before being seen. You will need to provide us with the case number as well as the address to which the bill is to be sent.

Miscellaneous Forms: There will be a minimum processing fee of **\$15.00** for all forms requiring a doctor's signature. Please remember to bring all forms at the time of your visit. More complex forms may have an additional charge.

Past Due Accounts

Should your balance extend beyond thirty days of your initial statement date you may receive a courtesy collection call from our accounts receivable staff to resolve the amount. Should your balance extend sixty days or more past your initial statement date, collection procedures will commence, and you will be charged a **25% late/collection fee**. Past-due accounts cost both time and money; therefore, patients with delinquent accounts will be required to make payment at the time of service. Should your account be sent to a collection agency you must pay all past due amounts or make agreeable payment terms before subsequent appointments can be scheduled. Additionally, patients may be dismissed from our practice for financial matters.

Un-Cancelled, Missed or No-Show Appointments

Your appointment time is reserved for your care. In the event that you must cancel or re-schedule, please give at least 24 - 48 hours' notice if you will not be able to keep your appointment. This will allow us the opportunity to offer your time to another patient. **In the event that you do not provide appropriate notice, you may be charged \$25.00 for the missed or no-show appointment.** Payment of this fee is your responsibility and not a service reimbursed by your insurance.

Records Release

Should the need arise to have your confidential medical records released our processing fee is \$25.00. Allow five (5) business days for preparation and duplication. Appropriate HIPAA-compliant forms must be signed and personal photo identification is required.

CONFIRMATION OF NOTICE

I understand the Financial Policies at Total Eye Care Centers.

Patient Signature or Authorized Responsible Party: _____

Patient's Name: _____ **Date:** _____

(Please print clearly)