

# FINANCIAL POLICIES

Please read all this information and sign below

## DOCTOR'S FEES

All doctor's fees are due the same day rendered. You must be able to pay these charges before you are examined. We will not bill you, or any other individual, for these services. If you have insurance, you are directly responsible TODAY for all co-pays and deductibles.

## EYEWEAR AND CONTACT LENS FEES

We require a 50% deposit on eyewear before ordering. The balance is due upon delivery (unless you are using interest free credit below). Contact lenses may be paid for upon delivery (custom lenses must be prepaid). We accept most vision insurance benefits in lieu of payment. Be sure you check with our staff to make absolutely sure we accept your vision plan (do not assume we do). You must pay the difference in your insurance coverage and the cost of your eyewear or contact lenses before delivery (again, unless using credit).

## INSURANCE INFORMATION

You **must** provide us with your current and updated insurance cards . Filing insurance incorrectly due to wrong insurance numbers costs our office approximately \$25 per mis-file. If you provide us with the wrong information, this cost will be passed on to you.

If you are unaware of your coverage, benefits, or copay or deductible status you may be asked to pay your fees today (a portion or the entire amount).

Your DOCTOR, not your INSURANCE COMPANY, determines the medical necessity of any testing needed. We will never knowingly perform any unnecessary testing. However, some medically necessary testing is not covered by your insurance. We will try to notify you in these situations. However, YOU are responsible for payment of your bill should there be a dispute about your claim with your insurance. If collection of your account becomes necessary, we will add the cost of collection to your account.

Please remember that your insurance company's relationship is with YOU, not US. We are not responsible for their policies or procedures. We will help you in every way possible, but have to operate within their rules and regulations.

## MEDICAL vs. VISION INSURANCE

Vision plans are designed to pay for routine, non-medical eye exams (simple, low complexity and low risk routine evaluations intended mainly for the prescribing of eyewear or contact lenses). They are not designed or intended to be used for medically related eye exams because of the increased complexity and risk of examination and management that follow with medical diagnoses. The knowledge, training, time, equipment and facilities differ vastly between what is needed to provide routine vision care vs comprehensive medical eye care.

We cannot accept your vision plan payment for your exam when you have a medical diagnosis, or you have been previously diagnosed with or are being followed for ANY medical condition that may affect your eye health or vision (cataracts, dry eye syndrome, glaucoma, macular degeneration, diabetes and many others). **This applies even if you came to the office without knowing of a medical problem and were expecting us to file your routine vision insurance.**

Wherever we can, we will file your vision plan for your routine exam and refraction, and if a medical problem is discovered, have you return for additional evaluation of the medical condition and file your medical insurance for that testing.

We are on your side. We want to appropriately file any covered charges for you to your insurance company(s).

## CREDIT

- We offer in-office INTEREST FREE credit: you can spread any out-of-pocket cost up to a 3 month period. Please just ask our staff if you would like credit. All that is required is that you have an active checking account.
- CARE CREDIT: A very popular medical credit card. We handle the application, approval only takes 10 minutes. If you qualify, you can get interest deferred credit for up to 12 months (pay your monthly payment on time, and no interest is added)!
- VISA, MasterCard, Discover and American Express – we accept each of these cards.

**RETURNED CHECKS** - There will be a \$40 returned check charge for each returned check.

Date \_\_\_\_\_

I have read and understand the above information. I am 16 years of age or older (parent or guardian must sign if not)