

## **PAYMENT/ FINANCIAL POLICY/ INSURANCE (01.01.15)**

### **INSURANCE**

We only file claims if we are a participating provider on your plan. We only file to 2 of your insurance companies for each date you are seen. If we do not accept your insurance plan, payment in full is expected on the day services rendered. Because of certain insurance rules, some services you want or need may not be able to be done on the same date. Vision plans only cover healthy eyes with no pre-existing eye pathology; Patients with certain medical conditions are billed to major medical insurance according to insurance rules.

### **PROOF OF INSURANCE**

You are responsible for giving correct, complete, and current vision-plan and medical-plan information to Island EyeCare on the day the services are rendered. You must have your most current card and a photo ID at the time of the visit or the visit will be self-pay. If your claim is rejected or denied because you have failed to provide complete & correct information, the balance becomes your immediate responsibility. If you have more than one plan, you must give us each plan's information so that we can file the claims according to the "Coordination of Benefits" rules and regulations.

### **CLAIMS SUBMISSION**

Island EyeCare will allow each of your insurance company(s) 30 days (time allowed by the insurance commissioner in the state of Florida) to pay or deny your claim. When requested, you must agree to provide any necessary information to your insurance company in order to process the claim.

### **CO-PAYMENTS, DEDUCTIBLES, NON-COVERED SERVICES and REFERRALS**

You are responsible for any co-payments and deductibles on the day services are rendered. If your insurance requires a referral or pre-authorization for any portion of the visit it is your responsibility to obtain such prior to the visit. Any services that are not covered by your insurance plan, including Medicare, will be your responsibility on the day services are rendered. (For example a \$50 refraction, which is the examination of your eyes for glasses, is usually a non-covered service by medical insurance and Medicare.)

The monies collected today are only an estimate of your share. You may owe additional monies to Island EyeCare after the insurance company issues its Explanation of Benefits.

### **FULL PAYMENT is DUE in 60 DAYS**

We send your claim in 1-3 days of service. We reserve the right to be paid in full by you 60 days from the date you receive goods or services—EVEN IF THERE IS AN INSURANCE DISPUTE, EVEN IF THE INSURANCE COMPANY HAS REQUESTED MORE INFORMATION, NO MATTER WHAT the circumstance. 60 days from the date of service the bill is YOUR responsibility.

### **DEBT COLLECTION POLICY**

We send statements monthly. Your account will accrue a \$10.00 per month late fee if you fail to pay your entire balance within 30 days from the FIRST statement date. If you need to arrange a payment plan for your balance, there will be 20% interest applied per month to the open balance.

Your account will be sent to a collection agency if you fail to pay the balance or make arrangements to pay within 90 days from the date of the first statement. Substantial fees (100% of your balance) will be added to your account on the day it is sent to the collection agency.

### **AUTHORIZATION**

\*I have read this Payment/Financial Policy in its entirety and agree to abide by every section in the policy for today's goods and services and for all FUTURE goods and services.

\*I authorize the release of any medical information or other information necessary to process this claim.

\*I authorize direct payment of benefits from the insurance company to Island EyeCare.

\*I permit a copy of this authorization to be used in place of the original.

PRINTED NAME :

TODAY'S DATE:

SIGNATURE and DATE \_\_\_\_\_

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