Patient Financial Agreement

No Call/NoShow Policy: We make every effort to provide prompt care to all of our patients. If you are unable to keep a scheduled appointment, please notify our office **24 to 48 hours in advance**. We will reschedule a No Call/No Show appointment once. A second No Show will generate a $30.00 fee, which must be paid in advance before we re-schedule a third appt. In the event that you have a special circumstance regarding your missed appointment, please contact our office manager. We understand that there may be issues beyond your control. If you are delayed and cannot make an appointment on time, please call to advise us of your situation and provide an estimated time of arrival. Any delay, of 15 min. or more may require the visit to be rescheduled at our discretion.

Eye Care Services: Our office provides a full scope of eye care services including **routine vision care** (ie: check up's, glasses, and contact lenses), as well as **medical eye care** services such as treatment for eye infections, dry eye, and lid disease, treatment and evaluation of ocular allergy, cataracts, glaucoma and trauma related care. Payments for all services rendered by this office are the responsibility of the patient. Regardless of the amount or type of insurance you or your employer has purchased, each patient assumes full responsibility for all fees incurred. You are responsible for all charges not paid by your insurance carrier. Depending on the nature of your visit, we may be able to bill your vision plan, insurance, you medical insurance or both. Please present all of your insurance information to the receptionist upon arrival.

Medical Eye Care: **PPO's-** Your medical insurance may be able to be billed for certain eye conditions and procedures that your insurance company deems medically necessary and has included in your policy. You will be given a "Patient History Form" to fill out in advance. Even with this information, it is impossible for our office to determine with any certainty what, if any, charges will be covered by your insurance company. What your insurance company deems medically necessary has no bearing on the quality of care we provide. Our services are aimed at providing you with the best care possible, regardless of insurance. **HMO's**- We do not contract with any HMO's for medical eye care. **If you are an HMO member, you should assume all HMO insurance is NOT accepted by this office** and that payment for services will be due on the day of your visit. If you are an HMO insured patient you may elect to see us and pay for our services directly or see your HMO primary care physician for a referral to an In-Network provider for care instead.

Medicare: Our practice fully participates in the Medicare program. We do not accept assignment of benefits on behalf of each eligible patient. The eye-health examination is a fully covered service under the Medicare program once yearly deductible of $147.00 has been met. However, as mandated by Federal law, the refraction (determination of eyeglass prescription) is a non-covered service. Each Medicare patient will be charged for the refraction at the time of service during your visit. There is no longer an eyewear benefit under the Medicare program unless the eyewear need immediately follows cataract surgery. The purchase of frames, lenses, lens options and coatings is the responsibility of each Medicare patient.

Materials: A 50% deposit is required at the time and order is placed for glasses or contact lenses. The payment balance is due upon delivery of materials.

Methods of Payment: We take all major credit cards, debit cards, cash, and checks. Balances due, not withstanding insurance balances, that are not paid in full within **90** days may be turned over to an outside collection agency for final payment. We will bill insurance claims for you as a courtesy.

I have read and understand the office financial policies and agree to the conditions above and further agree that I, as the patient receiving services or the responsible party for the patient, am ultimately responsible for payment of any materials ordered and/or services rendered.

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Print Name

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Date

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Signature