

Thank you for choosing Dr Winnick & Associates for your Eye-care needs for you and your family. We are pleased to participate in your Vision care and look forward to establishing a lasting relationship as your Vision care provider.

As part of this relationship, we have outlined our expectations for your financial responsibility in our Patient Financial Responsibility Policy. Please read the following information thoroughly. Then please print a copy for your records.

Dr Winnick & Associates reserves the right to secure a credit card on file for all new patient appointments, on which a no-show fee could be charged in the event that the appointment is not kept.

Address Change

It is important that we have your correct address information on file. Please advise us anytime there is any change to your address, telephone or other contact information. We mail out appointment information in addition to billing statements.

Co-payments are collected at the time of check-out.

Insurance deductibles and fees for services not covered by your insurance policy are due at the time the service is rendered. We accept cash and most credit cards.

Billing

Failure to Pay

Patients who ignore overdue/collection notices and fail to pay their balance risk negative credit ratings and possible dismissal from the practice.

Past Due accounts may hinder your ability to have appointments scheduled.

Should your account balance become uncollectible you will not be entitled to our services.

Fees

Returned checks are subject to a \$30 fee and your account will be placed on a "cash-only basis." We will accept payments only by cash or credit card until the balance is cleared.

Failure to give 24 hours cancellation notice or failure to keep your scheduled appointment may result in a charge of \$50. Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We reserve the right to charge a fee for canceled or missed appointments. If you must cancel an appointment, Dr Winnick & Associates requires a minimum of 24 hours' notice.

Guarantor

Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. If another party is responsible for payment of your account, you must pay your balance in full and negotiate repayment with them outside of our office. This policy includes individuals negotiating divorce agreements.

Insurance

It is important for you to be an informed consumer, who understands the specifications of your insurance policy.

Your vision insurance policy is a contract between you and your Vision Insurance Company or employer. Please note it is your responsibility to know if your plan's specific rules or regulations. We will bill your insurance company. If problems arise regarding coverage issues, we will attempt to work with your insurance company to help resolve them prior to making it your responsibility. Also, please be advised that you are nevertheless ultimately financially responsible for payment of professional services rendered beyond your insurance's plan coverage. If you do not present a current insurance card, you will be responsible for payment at the time of your visit. You will receive reimbursement from Dr Winnick & Associates if your insurance pays the claim at a later date.

Dr Winnick & Associates contracts with many insurance plans. Before your appointment, please be sure your doctor is in-network and the services are covered under your plan. If your doctor is out-of-network, you will be billed for the cost of care.

If your insurance carrier is not one with which we participate, you are responsible for payment in full. You have a responsibility to provide information to our office so a claim can be properly submitted. If your insurance company has not paid a claim on your behalf within 60 days, the balance will be transferred to your account and you will be responsible for payment. If we receive payment at a later date, you will be reimbursed.

Please contact your plan to clarify your current Vision insurance policy benefits and learn the details about your benefits, out-of-pocket fees and coverage limits.

If we contact your insurance carrier regarding benefits or authorization on your behalf, we are not responsible for inaccurate information provided to us by your carrier. The information about your plan that we relay to you is in good faith.

Minors and Dependents

Parent and guardians are responsible for payments for their dependents at the time services are rendered. Minors and dependents must present a valid insurance card at each visit if a claim is to be filed.

The accompanying parent or adult is responsible for full payment at the time of service. In case of divorce, please do not place our office in the middle of marital disputes. It is your responsibility to work out the payment of your child's vision care between the custodial and noncustodial parent.

Prompt Payment

Just as we make every effort to accommodate you when you are in need to vision care, we expect that you will make every effort to pay your bill promptly. Payment is due at the time services are provided or upon receipt of a statement from our billing office. Thank you.

Refunds

A refund is issued when an overpayment has been identified. If you feel a refund is due, please contact our office.

Self-Pay Patients

Self-pay patients should be prepared to pay at the time of each visit. If you have any questions regarding cost please be sure to call our office to speak with the staff member before the visit so we may discuss your specific options.

_____/_____/_____
Name (Signature) Date

CREDIT CARD

_____/_____
VISA EXP CODE

_____/_____
AMEX EXP CODE