TRIANGLE
FAMILY EYE CARE

TRIANGLE FAMILY EYE CARE FINANCIAL POLICY

Thank you for choosing Triangle Family Eye Care to serve your eye care needs. We are dedicated to building a successful physician-patient relationship with you. Your clear understanding of our Patient Financial Policy is vital to our professional relationship. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.).

Appointments

Your scheduled appointment time has been reserved specifically for you. We request 24-hours notice if you need to cancel your appointment. We are aware that unforeseen events sometimes require missing an appointment, and appreciate your cooperation. After missing three appointments without notifying us 24 hours in advance, patients will be seen on a walk-in basis only.

Insurance Claims

Please bring your insurance cards to every visit. In order to accurately bill your insurance company, we require that you provide accurate and current insurance information including primary and secondary insurance. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company possibly will pay, it is the insurance company that makes the final determination of your eligibility and benefits. It is your responsibility to be sure we participate with your insurance plan. Your insurance company may not cover specific diagnostic testing that we may need to properly determine diagnosis. If this is the case for any reason, with any insurance, you agree to pay any portion of those charges not covered by insurance.

Vision Plans

We participate with several Vision Plans. Please check with your plan to see if we are members of your Vision Plan. If we do not participate, services are payable at the time of service.

Co-payments

Patients are expected to pay AT TIME OF SERVICE all amounts known not to be covered by their insurance company. These amounts include co-payments, co-insurance, and/or deductibles. Payments may be made by cash and/or credit card. We do not accept checks.

Patients without Insurance coverage
Self-pay accounts are for patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without any insurance card on file with us. It is always the patient's responsibility to know if our office is participating with their plan.

Routine vs. Medical Exam
A Routine Vision Exam is a comprehensive exam which is performed as a "healthy" eye visit. This is an exam that helps to check the overall health of the eye, determine the need for corrective lenses and also where the only diagnosis is refractive in nature (myopia, astigmatism, etc). Not all insurances cover routine vision exams or offer a "vision" benefit. It is your responsibility to know if you have this benefit and how often it may be available. You will be responsible for payment if your vision exam is not covered.

A medical exam is any ocular symptoms (redness, itching, swelling, floaters, etc.) or eye health issue (glaucoma, dry eye, cataracts, etc.) that you may be having with the eye and will be billed to your medical insurance with the symptom or condition which was examined on the day of the visit. Any special testing required to help diagnose or treat any symptoms or disease of the eye may also be billed to your medical insurance as well. Based on the nature of the visit, if you have both types of insurance, it may be necessary for us to bill some services to one plan and some services to another. We will follow a procedure called coordination of benefits to bill this properly and help minimize your out-of-pocket costs.

Glasses and Contact Lens Exam
Examinations for spectacles and contact lenses are SEPARATE exams. If you require both exams on your visit, you will be charged a separate fee for your routine exam and your contact lens evaluation. The cost of the contact lens exam is payable at the time of service.

This Financial Policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us at 919-459-5995.

I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.

Name:_____ Date:_____

Signature:_____