



Financial Policies and Procedures

Thank you for choosing us as your Ophthalmology/Eye Care Specialists. We are committed to your care being successful. The following is a statement of FINANCIAL POLICIES AND OFFICE PROCEDURES which we require you to read and sign.

APPOINTMENTS

Please arrive 30 minutes prior to your appointment time to update paperwork more than six months old or 15 minutes prior to your appointment if all paperwork is up to date to review paperwork for accuracy.

CO-PAYMENTS, DEDUCTIBLES AND FEES

Co-payment, insurance deductibles and fees for service not covered by your insurance policy are collected at the time service is rendered. We accept personal checks, VISA, MASTERCARD, and DISCOVER. We do not accept postdated checks. We do expect you to pay any deductible not met or co-insurance you are responsible for. Bills for surgery will not include charges for anesthesia, facility or laboratory test. These are billed separately from the facility where they are performed.

REGARDING INSURANCE

Our office will provide you with proper documentation to file your own insurance or we will file insurance for you as a courtesy, provided we are supplied with the proper information. If you do have health insurance please remember that professional services are rendered and charged to you and not to the insurance company. Insurance plans we are contracted providers for, we will automatically file insurance on. Please be aware that some services provided may be non-covered services or not considered medically necessary under Medicare and/or other medical insurance programs.

If you have been involved in an automobile accident or have any pending legal action we will ask you to pay for services personally or verify subrogation through your health insurance. We do not file third party insurance and we do not wait until settlement for payment.

CONTACT PATIENT FOR BILLING PURPOSES

In order for CEC or its representatives to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

MISSED APPOINTMENTS/CANCELLATIONS

Our policy is to charge for missed appointments or appointments cancelled with less than 48 hours' notice at a rate of \$50.00 per appointment.

MEDICATION REFILLS/AFTER HOURS CONSULTATIONS

For non-emergent issues or prescriptions, we ask that you call during regular office hours, otherwise a charge will be billed directly to you.

MINOR PATIENTS

The adult parent or guardian accompanying the minor is responsible for payment of the minor patient's account regardless of who the insurance policyholder is. For unaccompanied minors, non-emergency treatment can be denied until a parent or guardian is present or we have written permission for treatment and payment of the account.

COMPLETION OF FORMS

A fee of \$25.00 per form will be charged as patient responsibility for completion of forms and must be paid prior to the release of the form, including the following but not limited to: Disability and FMLA

THANK YOU FOR UNDERSTANDING THE NECESSITY OF OUR FINANCIAL POLICY AND PROCEDURES. IF YOU NEED TO MAKE SPECIAL PAYMENT ARRANGEMENTS THIS NEEDS TO BE BROUGHT TO OUR ATTENTION PRIOR TO BEING EXAMINED.

I UNDERSTAND AND AGREE TO THIS POLICY:

SIGNATURE OF PATIENT OR GUARDIAN

DATE