

MARION AND DELAWARE EYE CENTERS FINANCIAL POLICY

We are dedicated to providing the best possible care and service, and regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff.

INSURANCE COVERAGE

It is the patient's responsibility to provide us with accurate information for billing their health plan properly. It is also the patient's responsibility to know whether their visit with us is covered by their health plan fully, partially, or not at all, and whether their plan requires them to obtain a referral from their primary physician before their visit with us. Information of this type is 100% accurate only if you obtain it directly from your health plan – not from us. In the event the patient does not confirm this information and their insurer refuses full or partial payment, the cost of our services will be due from the patient personally. We have made prior arrangements with many health plans for payment submission by agreeing to their discounted fee schedules. It is our responsibility to properly submit claims to these particular insurers, but not those with whom we have no relationship. Therefore, we will bill only those plans with which we have an agreement. The patient should call their insurer or check their insurer's published list of covered doctors to determine whether an agreement exists between Marion Eye Center and Delaware Eye Center and their health plan. This will clarify whether our office may submit claims for the patient.

AMOUNTS DUE FROM THE PATIENT

Unless other arrangements have been made in advance by either the patient or their health coverage carrier, full payment is due at the time of service. Therefore, patients should bring means of payment to each appointment. Extra fees may apply if amounts due are not collected at the time of service. For patient convenience, we accept VISA, MasterCard and Discover. Any insurance co payment or deductible will be collected from the patient at the time of service. Any amounts determined "not covered" or "denied" will be billed to the patient after we receive such notification. If we do not participate in a patient's insurance plan, the patient is to provide payment for care and treatment at the time of service. In such a situation, we will provide a statement of services and a receipt for amounts paid which the patient may submit to their insurer. In this case, the insurer is responsible for reimbursing the patient.

AMOUNTS DETERMINED "NOT COVERED"

In the event a health plan determines a service of ours to be "not covered", the patient will be responsible for the complete charge. An important example of this is our charge for checking eyes for changes in glasses prescription (a procedure called "refraction") or a contact lens exam. Our charge for these services varies by complexity and is not covered by most insurers we currently have agreements with. Please make note of this, as it has historically been an area of misunderstanding with our patients: **If the doctor performs a refraction procedure to check the eyes for changes in the glasses or contact lens prescription, the patient is likely responsible for this amount personally.**

DELINQUENT ACCOUNTS

Should you fail to pay your bill after receiving a past due statement or fail to follow through on an agreed upon payment plan, your balance will be sent to an outside collection agency and you will be responsible for the fees assessed by the collection agency in addition to your account balance. Furthermore, once sent to collections, we will not be able to see you in our office until your balance has been paid in full.

SURGERY AND LASER SERVICES

As a courtesy, and because of the complexity involved, we will be happy to bill any health plan for all surgical services we provide, whether or not we have a relationship with them.

MINOR PATIENTS

A parent or legal guardian **MUST** accompany all minor patients on their initial visit to the Marion Eye Center and Delaware Eye Center. For all services rendered to minor patients, the adult accompanying the patient is responsible for presenting proper insurance information, obtaining any necessary insurance pre-approvals, or providing payment in full at the time of service.

MISSED APPOINTMENTS

We strive to be available to those who need our services as quickly as possible and missed appointments limit our availability to other patients. Should you need to cancel or change your appointment, please notify us as soon as possible. If you fail to show up for your visit or cancel less than 24 hours in advance, you may be subject to a cancellation fee as reviewed in our cancellation policy.

CONTACTING YOU

You agree, in order for us 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 pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

I have read and understand the financial policy of the Marion and Delaware Eye Centers and agree to be bound by its terms as noted above. I also understand and agree that such terms may be amended from time to time by the practice.

Patient or Responsible Party Name (print name): _____

Signature of Patient or Responsible Party: _____

Date: _____