



## **FINANCIAL POLICIES**

*Effective January 1, 2011*

Full payment or co-payment as required by your insurance company is due at the time of service. If we are filing insurance, please provide a current card. If you do not have your current insurance card, we may reschedule your appointment or you may be seen as a private pay patient. We accept cash, personal checks, VISA, MC, Discover, American Express, and debit cards. If your check is returned for any reason, we will electronically debit your account for the amount of the check plus a \$25 processing fee.

### **Missed Appointments**

We do not currently charge for missed appointments, however, repeated “no shows” may result in the patient and family members being discharged from the practice.

### **Surgical Procedures**

Co-pays, coinsurance, and deductibles are the patient’s responsibility and are collected prior to the procedure. These payments will be handled by the Surgical Coordinator.

### **Medical Records and Forms**

Fees are collected before the request is processed.

- Medical Records --- \$10 minimum and a completed medical release form (no charge for records requested by another provider)
- Photographs --- \$5 each
- School, driving, daycare -- \$5; no charge if done at the time of appointment
- Faxed or mailed eyeglass/contact lens prescriptions --- \$5
- FMLA, disability, or other requested correspondence --- \$20
- Other --- fee determined by size and complexity of report

### **Past Due Accounts**

If your account is past due, you may be referred to a collection agency, and you may be required to pay the past due amount in full before any additional services are rendered.

(continued)

**Referrals**

It is the policyholder’s responsibility to obtain referrals required by your insurance carrier. You are responsible for charges not covered due to lack of required referrals.

**Insurance Benefits**

Your health plan may not cover services rendered if any of the following conditions apply:

- 1) Patient has a pre-existing condition or other diagnosis not covered by your plan.
- 2) Deductible according to your plan contract
- 3) Service not covered under your insurance plan
- 4) **Well-vision exams** (including nearsightedness, farsightedness, blurry vision, “can’t see the board”), **refractions** (necessary to write a prescription), or other **routine services** may not be covered by your insurance plan, **even if you were referred by another doctor**. Please check with your insurance carrier if you are not sure of your benefits.

**Contact Lens Evaluation and Refraction Service**

Contact lens patients require additional testing and monitoring over and above what is done during a routine eye exam. Contact lenses are medical devices and even though they may feel fine, there are health risks that must be taken seriously. In order to renew your contact lens prescription, Dr. Young performs procedures that are not part of a routine eye exam. **The fee for this service is \$15 and is collected in addition to the co-pay or fee for an eye examination without contact lenses. Note: This service is not covered by Medicaid.** Refraction is the process of whether there is a need for correction. It is an essential part of an eye examination and is necessary to write a prescription for glasses or contact lenses. **Refraction is not covered by most insurance plans.**

**NOTE: WE DO NOT PARTICIPATE WITH VISION PLANS.**

I have read and understand both pages of this financial policy and agree to be responsible for any charges incurred on behalf of myself and/or my child.

PATIENT NAME/DOB \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ STAFF INT \_\_\_\_\_