

## **EYE ASSOCIATES, P.C.- FINANCIAL POLICY**

We would like to thank you for choosing Eye Associates and allowing us to provide your eye care needs. Our goal is to provide you the best possible care. To accomplish this, we need a moment of your time to read and understand our financial responsibilities payment policy.

### **RESPONSIBILITY FOR THE BILL**

All patients/guarantors receiving services are financially responsible for the timely payment of their charges. The practice will file with your insurance for payment of the bill (as a courtesy to the patient), the patient/guarantor is responsible for payment and agrees to pay the account if the insurance company does not pay its share.

### **ACCEPTANCE OF INSURANCE**

We will bill your insurance company if you give us your insurance information (copy of your card). Your insurance policy is a contract between you and your insurance company. We are not part of that contract. If you do not have insurance that we participate with, **FULL PAYMENT IS EXPECTED AT THE TIME OF SERVICE.**

We give a receipt to submit to your insurance company for reimbursement if you wish. You are responsible for your bill. Our office cannot always tell you in advance if your charges will be covered by your insurance plan. Insurance companies have multiple plans with each employer group. We ask you know your own plan, including types of coverage and restrictions on x-ray, laboratories and emergency rooms. We can try to assist you with your insurance questions, however COVERAGE ISSUES should be addressed by your group health administrator. We cannot act as a mediator on your behalf.

### **POINT OF SERVICE COLLECTIONS**

Payment for service is due at the time of the service (s) is rendered and non-emergency services may be deferred until necessary payment arrangements have been made. Payment will be accepted in cash, checks, MasterCard, Visa or American Express. Patients unable to comply with the Point-of-Service payment policy will be referred to our billing department for necessary arrangements.

### **PATIENT RESPONSIBILITY**

Bills are due in 30 days of the insurance payment, unless other arrangements are made. Not all services are covered by all insurance companies. Please understand that by accepting the service (s), the patient/guarantor is responsible for payment regardless of whether the insurance covers the service. The practice will not become involved with third party liability matters and will always look to the patient/guarantor for payment of the bill.

Your co-payment is due at the time of service. If you do not have your payment available at the time of your visits a \$10.00 administrative charge will be assessed. No further appointments will be made until your outstanding balance has been cleared.

### **COORDINATION OF BENEFITS**

We will submit non-covered services and/or deductible to your secondary insurance, if you provide secondary insurance information. Primary insurance co-payments are expected and due at the time of service. Co-pays will not be balance billed to any secondary insurance.

## **WORKERS COMPENSATION CLAIMS**

You need to provide the following information:

- a. Workers Compensation claim number
- b. Date of Injury
- c. Necessary claim forms
- d. Name, address and telephone number of employer, immediate supervisor and workers compensation insurance carrier.
- e. If workers compensation carrier denies a claim you will be responsible for charges as a result of the claim. If you have any questions you may speak with our billing manager

## **RETURNED CHECKS**

Bounced checks will result in a fee for insufficient funds. Our fee for insufficient funds is \$25.00 and will be added to your account for each returned check.

## **BAD DEBT/LEGAL ACTION**

If your account is not paid in full or satisfactory arrangements made within the allowable time frames, the practice will refer the account to an attorney and/or a collection agency for collections. If your account is turned over to collection, in addition to the principal balance owed, you will be responsible for all legal, attorney, and collection agency fees.

We reserve the right to discharge you from the practice for non-compliance with our financial policies and procedures.

## **PATIENT RECORDS, CORRESPONDENCE AND FORMS COMPLETION**

Copies of pertinent medical records are available to our patients or authorized representative for a fee, after we receive a signed release. Please allow ten (10) working days' notice prior to pick up. Special documentation requests other than insurance company requirements, such as letters and forms will incur a fee. Please speak with our staff for details.

## **RELEASE OF INFORMATION**

By signing our release of information form, you provide us with the authority to release such information as is necessary to collect from insurance companies and other third party payers.

If circumstances make it impossible for you to honor our financial policy, please discuss your account with our business office. This will avoid misunderstandings and enable you to keep your account in good standing.