ADVANCE NOTICE AND ACKNOWLEDGEMENT OF POLICIES

WELCOME TO OUR PRACTICE

In order to serve you properly and keep costs down, we feel it necessary to define our financial policies. It is your responsibility to pay any deductible amount, co-insurance, co-payment, refraction fee or any other balance not paid for by your insurance company. These charges must be paid at the conclusion of each visit. Please notify us if office procedures need a pre-authorization. We must have a copy of your insurance card on file in order to submit your claim and a photo ID.

Co-payment: It is the patient's responsibility to satisfy their insurance co-payment requirement. Co-payments will be collected at the time of service.

Managed Care Referrals: If you have an insurance, which requires a referral, it is your responsibility to obtain the referral from your primary care physician before your appointment. Patients are encouraged to contact us, within 48 hours of their scheduled appointment, to confirm that a referral has been issued and received. Your appointment may be rescheduled without the proper referral. Otherwise, the visit will not be covered by insurance and you will be responsible for the payment. If the appointment is an emergency, you will be asked to sign a financial waiver indicating that you accept financial responsibility, if referral is not received for that service.

Refraction Policy: During your visit, a refraction may be performed to determine your need for glasses or to evaluate if any further visual improvement can be achieved. This is not only a necessary and essential portion of your eye exam, but in many cases is the sole reason for the appointment. Please be aware that this is a non-covered service by Medicare, as well as most insurance companies, and is the responsibility of the patient. We appreciate your cooperation in collecting this fee at the time of service.

Photo Identification: Some sort of photo identification, usually a valid driver's license or passport, is now required upon registration at the check-in window. This measure has been implemented for safety and identification purposes. Your cooperation is greatly appreciated.

Missed / Cancelled Appointments:
A $25 fee will be assessed for missed appointments without 24 hour notice.
A $50 fee will be assessed for missed office procedures without 24 hour notice.
If you cancel or fail to show for more than two consecutive appointments, the office may choose to dismiss you from the practice.

Additional Fees / Charges:
Form completion not associated with an office visit: $10
Not providing insurance co-payment at time of service: $5
Medical Records Photocopying: Per federal and state regulation
If your patient account balance remains unpaid for a period greater than 90 days, your account may be placed with a third party collection agency. You will be responsible for interest of 1.5% per month and for collection fees. You will be given advance notice by our billing department.

Self-Pay Patients: Patients will be responsible for payment in full at the time of service. We accept cash, personal checks, MasterCard, Visa, and Discover.

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Patient Name (Please Print)	Patient's Signature	Date