

Price Eyecare & Optical Financial Policy

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any question about our fees, our financial policy, or your responsibility. We ask all patients to fill our “Confidential Patient Information” form before seeing the doctor. We accept cash, most credit cards and FSA cards for your convenience.

Insurance With Which We Contract

Because we participate with your insurance company we will handle the billing of your insurance claims. Co-payments, deductibles, and non-covered services (such as add-on’s, contact lenses, contact lens fittings) will be collected at the time services are rendered. Your insurance should pay our claims within 60 days of submission. If they do not, you agree to take an active part in getting this claim paid and that after 90 days of submission, assuming our office has completed all necessary information, you agree to pay the claim in full and pursue your insurance on your own.

Private Insurance and Private Pay

This type of insurance is a contract between you and the insurance company. We will assist you in receiving your maximum benefits, and will be happy to supply your insurance company with factual information as necessary with your permission. We ask that you pay for services rendered unless prior arrangements have been made with the office manager.

Medicare

We are participating with the Medicare Program. We will do all of the billing to Medicare and we receive payment directly from Medicare. If you have a secondary insurance, we will bill the secondary carrier as well. YOU are responsible for any non-covered services such as contact lens fittings, contact lenses, glasses, etc. Deductibles are also the patient’s responsibility.

Minors

Patients under the age of 18 should come to all appointments accompanied by a parent. The parent who signs the financial policy is responsible for payment of services. In the event the minor comes unaccompanied to our office, we must have a note of authorization for treatment as well as payment for services rendered.

I have read and understand the financial policy of Price Eyecare & Optical and assume the responsibility for payment of all services and materials.

Signature _____ Date _____