

## **Falgoust Eye Medical & Surgical Financial Policy**

**The following information is provided to avoid any misunderstanding concerning payment for ophthalmology services. PLEASE READ CAREFULLY BEFORE SIGNING:**

We are committed to providing you with the highest level of service and quality care. If you have medical insurance, we will strive to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy. Ultimately, however, any and all financial liability rests with the patient. Remember that filing with your insurance company on your behalf is a courtesy that we provide. Your insurance coverage is an agreement between you and your insurer.

Our office participates with most major insurance plans. We do **NOT** participate with **ANY vision plans** at this time. **If you have a managed care plan that requires a referral to see a specialist, you must obtain a referral with correct CPT codes in order for your visit in our office to be covered under your medical insurance.** If you do not have the valid referral and still wish to be seen, you will be asked to pay for the visit prior to your examination. A refractive examination is not a covered service by most insurance companies including Medicare. If you are refracted, you will be charged \$25.00 which is payable at the time of the visit or you will be charged a \$10.00 billing charge.

It is the patient's/parent's/guardian's responsibility to:

- Be familiar with the benefits of your plan including co-pays, co-insurance and deductibles.
- Bring all current insurance cards to all visits.
- Provide our office with current information including address, phone numbers and employer
- In accordance with your insurance contract, you must be prepared to pay your co-pay at each visit. If you do not pay your co-payment and/or refraction at the time of the visit, you will be charged an additional \$10.00 billing fee. We accept cash, checks and all major credit cards.

We appreciate prompt payment in full for any outstanding balance. If you are unable to pay a balance in full, please notify our billing department immediately and we will try to work out a payment plan with you. Any payment made by check that does not clear your bank account will result in a \$25.00 fee, which will be added to your account and must be paid before the next visit.

For all services rendered to minor/dependent patients, we will look to the adult accompanying the patient and/or the parent or guardian with whom the child resides for payment. In cases of separation or divorce, when presenting insurance cards for a dependent enrolled under a subscriber other than you, please be prepared to supply their name, address, phone number, date of birth and social security number. If you do not have the information, the cash-pay price must be paid in advance. We will provide you with the needed information to file the claim.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_