

Patient Financial Responsibility

Eye Care Services:

Our office provides a full scope of eye care services including routine vision care (ie: check-ups, glasses and contact lenses), as well as medical eye care services such as treatment for eye infections, dry eye and lid disease, treatment and evaluation of ocular allergy, cataracts, glaucoma and trauma related care. Payments for all services rendered by this office are the responsibility of the patient. Regardless of the amount or type of insurance you or your employer has purchased, each patient assumes full responsibility for all fees incurred. You are responsible for all charges not paid by your insurance carrier. Depending on the nature of your visit, we may be able to bill your vision plan insurance, your medical insurance or both. Please present all of your insurance information to the receptionist upon arrival.

Vision Care Plans: We contract with and accept VSP, EyeMed, Superior Vision, Spectera, and Avesis

Medical Eye Care:

PPO - Your medical insurance may be able to be billed for certain eye conditions and procedures that your insurance company deems medically necessary and has included in your policy. You will be given a "Health History and Symptoms Form" to fill out in advance. Even with this information, it is impossible for our office to determine with any certainty what, if any, charges will be covered by your insurance company. What your insurance company deems medically necessary has no bearing on the quality of care we provide. Our services are aimed at providing you with the best care possible, regardless of insurance.

HMO - We do not contract with any HMO's for medical eye care. If you are an HMO member, you should assume all HMO insurance is NOT accepted by this office and that payment for services will be due on the day of your visit. If you are an HMO insured patient you may elect to see us and pay for our services directly or see your HMO primary care physician for a referral to an in network provider for care instead.

Materials: A 50% deposit is required at the time an order is placed for contact lenses or glasses. The payment balance is due upon delivery. If after 90 days the order has not been picked up and the balance has not been paid, you will receive a message that the order will be cancelled and the deposit will be forfeited if not paid within the next 15 days.

Methods of Payment: All major credit cards, bank debit cards, cash will be accepted. Personal checks will be accepted if you have not previously written one to us with insufficient funds. Balances due, notwithstanding insurance balances, that are not paid in full within 30 days may be turned over to an outside collection agency for final payment.

I have read and understand the office financial policies and agree to the conditions above and further agree that I, as the patient receiving services or the responsible party for the patient, am ultimately responsible for payment of any materials ordered and/or services rendered.

Printed Name

Signature

Date

Assignment of Benefits Authorization and Release of Medical Information

I authorize all payments from my insurance carrier to be made directly to Five Star Eye Care, PLLC, DBA Vision Source Seguin. I certify that the information I reported with regard to my insurance coverage is correct. I further authorize the release of any information for this or any related claim to my insurance company, and will permit a copy of this form to be used in place of the original.

Signature

Date