



FINANCIAL POLICY

INSURANCE POLICY: Your insurance policy is a contract between you and your insurance carrier. **You are** responsible for providing our practice with the correct insurance information at the time of service or you may be responsible for the charges in full. **We file your primary insurance for you as a courtesy; however, the ultimate responsibility for payment is yours.** Should your insurance company fail to pay the insurance claim for services rendered, **YOU will be responsible** for the entire charges submitted to the insurance carrier. Therefore, we recommend that you follow-up with the insurance carrier if your claim has not been paid within 30 days from the date the services were rendered. If a follow up appointment is needed, **we file to your primary insurance as a courtesy; however, the ultimate responsibility for payment is yours.** We will not deny care to any patient. If we are not in-network with your plan, your portion of fees will most likely be higher. **Ultimate responsibility for payment of fees is yours.**

- I understand that I am responsible to pay for all services rendered, including the collection fees, attorney fees up to and including court costs if I default.
- I understand that if my routine benefits are out of network, I will be responsible for my comprehensive exam today.
- I understand my insurance benefits will not cover the contact lens evaluation and management; there I am responsible for payment

Returned Check fee is \$35.00

CO-PAYMENTS, DEDUCTIBLES, & CO-INSURANCE: Patients are expected to pay **AT TIME OF SERVICE** all amounts known **not to be covered** by their insurance company. These amounts include contact evaluation & management, copayments, co-insurance, and/or deductibles. Payments may be made by cash, check, and/or credit card (MasterCard, Visa, Discover, American Express, Care Credit).

- I understand that if I have a high deductible insurance plan and if the deductible is not met, I will be required to pay once my insurance has been billed. I understand any balance will be my responsibility.
- Patients who are unable to pay their co-pays and/or non-covered charges at the time of service may be asked to reschedule their visit or an additional **\$25.00 billing fee** will be added to your charges.

REFRACTION: Refraction is the measurement of the focus error of an eye. It determines the set of lenses that will best focus the light entering the eye. The results of a refraction are used to: (a) determine the health and visual potential of an eye; (b) aid in performing tests such as visual fields; and (c) to prescribe glasses and/or contact lenses.

- Refraction is considered a “non-medical” service by most medical insurance companies and is therefore most usually a non-covered service. The REFRACTION FEE is \$45.00. Should your insurance company fail to pay the insurance claim for services rendered, **you** will be responsible for the charges.

CONTACTS/RX CHECKS: **Follow-up appointments for contacts/RX checks need to be completed within 90 days of the initial exam.** After 90 days, patient is responsible for another exam, not covered by insurance.

REFERRALS: Some patients will be required by their insurance company to obtain a “referral” from their Primary Care Physician authorizing their visit to **Envision Ghent Optometry**. It is the patient’s responsibility to obtain this referral and to be sure that the referral is communicated to **Envision Ghent Optometry** before the patient’s visit. We will as a courtesy request the referral. It is still the patient’s responsibility to follow up on the referral.

- A patient presenting at **Envision Ghent Optometry** without a required referral will be asked to sign a waiver by which he/she agrees to pay all charges generated by the visit, if a referral is not obtained to cover the visit.
- Patients are reminded that many Primary Care Physician offices will not provide a retroactive(backdated) referral.
- Patients presenting without a required referral and who do not agree to sign a waiver may be asked to reschedule their **Envision Ghent Optometry** appointments.