

### **STATEMENT OF FINANCIAL POLICY**

It is customary to pay the examination fee or co-pays at the time of the examination. 50% of the cost of spectacles and contact lenses must be paid when ordered and the balance when dispensed. All returned checks are subject to a \$35.00 service charge. No post-dated checks will be accepted.

Your eye examination may include a refraction—which is the portion of your exam that determines your prescription for glasses. This is covered by most vision insurance plans, but Medicare and other major medical insurances will automatically disallow this charge stating it is not a covered benefit. Because we are a participating provider, we are mandated by insurance company guidelines and policies to charge you separately for this portion of the exam. Therefore, you will be responsible for the refraction charge of \$35.00 which is a separate charge from your eye examination. This charge may be in addition to any co-pays or any other diagnostic testing procedures that may be needed at the time of your visit.

Medicare patients are responsible for their deductible and the 20% copayment that Medicare does not pay. If you have met any portion of your deductible or have a supplement, a portion of this charge may be reduced. You may also be responsible for a \$35 refraction fee that is usually never covered by Medicare or any other major medical insurance.

### **MEDICARE ACKNOWLEDGMENT**

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Dr. Cavett for any services furnished me by Dr. Cavett. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. I understand my signature requests that payment be made authorizes release of medical information necessary to pay the claim. If "other health insurance" is indicated in item 9 of the HCFA-1500 form, or elsewhere on the approved claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned cases, the physician or suppliers agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier.