

FINANCIAL POLICY

Welcome and thank you for choosing Horizon Eye Care & Optical for your eye and vision care. We are committed to providing you with quality vision and eye care. Our professional fees have been determined through careful consideration, and we believe these fees are reasonable and competitive. We are pleased to discuss with you any questions you may have concerning your bill. Providing G.R.E.A.T. care is our primary concern.

Regarding Insurance

Vision, Medical and Private Insurance: Horizon Eye Care & Optical (HECO) will file claims directly with your insurance plan for services where covered benefits have been verified. Please note, insurance verification does not guarantee your insurance will pay for all of our services. Medical insurance will usually not cover routine vision services (examples include vision exams, contact lens evaluations, eye glasses, contact lenses). Likewise, vision insurance will not cover medical diagnoses (examples include dry eyes, eye allergies, infections, cataracts, other eye conditions). Payment of co-insurance, co-pays, deductibles or fees for non-covered services, or extras, when applicable, is required to be paid at the time of service.

Contracted Managed Care Plans (HMO, PPO, EPO, POS, etc.) Every time you make an appointment with HECO for medical eye care, deemed as non-routine vision services, it is your responsibility to make sure our optometrists are currently under contract with your plan and you have obtained any necessary referrals when needed. Verification of your plan benefits/coverage is required before you are seen. Often this verification requires us to share the reason for your visit with a managed care plan. Payment of co-insurance, co-pays, deductibles or fees for non-covered services, or extras, when applicable, is required to be paid at the time of service.

We allow 30 days from the date a claim was filed by our office for any vision or medical insurance company to pay. If the insurance has not paid within this time frame, you may become responsible for the entire balance. We will not become involved in disputes between you and your insurance company regarding deductible, non-covered services, co-insurance, co-payments, coordination of benefits or pre-existing conditions, other than to supply information relating to your treatment. You are responsible for the timely payment of your account.

Medicare: HECO accepts assignment of Medicare benefits. However, you may be asked to sign a waiver to acknowledge your understanding of your responsibility to pay for services not covered by Medicare, such as refraction for the determination of your vision prescription.

Minors: The parent(s) or guardian(s) of a minor is responsible for providing current insurance information and/or payment in full for services provided. Unaccompanied minors must have authorization for medical treatment signed by a parent or guardian and are responsible for current insurance information for self and/or payment in full for services provided. Minors will not be allowed to purchase glasses or contact lenses without written permission as well as payment in full for products from the parent or guardian.

Method of Payment: For your convenience, HECO will be happy to accept your payment by cash, check, or credit card. A \$25 fee will be assessed to your account for all returned checks.

Returns and Cancellations: Once purchased, all sales are final and no refunds are given for eyeglasses or contact lenses. If orders are cancelled before your eyeglasses are made, we will refund in full minus a 3% credit card transaction fee if applicable. There is a \$40 no show or same day cancellation fee. We will gladly waive fees for emergencies.

I have read and understand the above terms and conditions and will verify so by giving my signature.

Name

Signature

Date