



FINANCIAL POLICY

At Visionary Ophthalmology, we strive to provide you with the highest level of service and the best medical care. In return, is your responsibility to provide us with your insurance information. Please have your photo identification and current insurance information available at your visit to ensure that your claim can be processed promptly.

APPOINTMENTS: We request that you keep scheduled appointments and arrive on time. Cancellations of less than 24 hours prior to your appointment, or a No-Show for your appointment will result in a \$35 fee per patient.

REFRACTION: One of the most important parts of your eye exam is the refraction. A refraction test determines not only your most accurate eyeglass prescription, but also the best possible vision and function of your eye and it helps our Doctors to make a better decision about your treatment options. The Refraction is not considered a "medical service" but a "vision service" and Medicare and most insurance carriers do not cover it. Our office fee for Refraction is \$55.00, and it should be paid at the time of service. We will be happy to bill your insurance company and; should they cover and pay for it, we will reimburse you accordingly.

VISION PLANS: If you have a routine vision plan you must inform the receptionist at the time of check in. Our office participates with most medical insurance plans and routine vision plans. Medical insurance plans will cover medical eye problems, such as dry eye or glaucoma, but they do not cover the cost of glasses, contact lenses, and routine vision care, such as refractions (above). Routine vision plans will cover only routine eye exams, but will not cover a medical eye problem. During your exam, if you are diagnosed with a medical eye problem, we will submit a claim to your medical plan. All vision plans are different, and some of them cover part of the refraction. As a courtesy to you we will try to verify benefits prior to your visit.

CONTACT LENSES: In most cases medical insurance and routine vision plans do not cover the cost of contact lens evaluation, prescription verification, or fitting. The charge for these contact lens services is a separate and additional charge to the eye exam. The charge for these services varies between \$50 to \$300, depending on the complexity of the contact lens prescription, the type of contact lens being fit, and the need for instruction on contact lens insertion and removal. Please inform our staff when you make the appointment and at the time of check in if you would like to be fit with contact lenses, or if you would like your contact lens prescription updated or verified.

RETURNED CHECKS: Any payment made by check that does not clear your bank account will result in a fee for insufficient funds. Our fee for insufficient funds is \$40.00 and will be added to your account for each bounced check.

CO-PAYS/DEDUCTIBLES: According to your insurance contract, you are obligated to pay any co-payment due at the time of service. If you are unable to pay the co-pay at the time of service, we reserve the right to cancel or reschedule your appointment. It is our policy to collect all patient co-payment amounts at the time services are provided. It is also our policy to bill for all non-paid amounts and to pursue collection efforts with regard to deductibles and under-payment.

SELF PAY /NO INSURANCE: If you are the sole party responsible for all charges incurred we ask that you make your payments at the time of service. If your treatment is extensive, or you require any type of surgical procedure including any refractive procedures, we offer 0% financing for up to 12 months with Care Credit and Chase Health Advance to help make your payments more manageable.

HMO PLANS/REFERRALS: Managed care plans require us to have a valid authorization or referral at the time of service. If you do not have a referral at the time of your visit your appointment can be rescheduled until you obtain a referral. The referral is your responsibility. If you choose to be seen without a referral, payment in full will be required at the time of services.

SURGERY: CANCELLATION FEE: There is a \$150.00 administrative fee if wish to cancel or change the date of surgery and notice is not provided at least 3 days prior to surgery. **Post Surgical Kit:** Insurance companies do not cover the cost of post surgical kits (\$20.00), therefore it will be the patient's responsibility to assume such payment.

Your signature indicates that you have read, understand and agree to the financial responsibilities policies and procedures of our office.

Name of Patient

Signature of Patient or Pat. Representative)

Date