

PROMONTORY FAMILY VISION

Financial Policy

Insurance Coverage

You must provide your insurance card or proof of insurance at the time of each visit. If you do not have insurance, are unable to provide proof of insurance, or are on a plan in which we do not participate, full payment is required at the time of your visit.

It is very important that you become familiar with your insurance plan and understand its benefits. Some plans have restrictions on certain services such as contact lens evaluations and special medical testing. It is your responsibility to be aware of any restrictions or limitations on your plan. If you have any questions regarding your coverage and payment determination, then you need to contact your insurance company directly.

Verification of benefits is not a guarantee of payment. All claims are subject to review by your insurance company. All co-payments and co-insurance fees are due at the time of service. Some of the services provided may not be covered by your plan and therefore not paid by your insurance company. You are personally responsible for these services. You will also be responsible for all balances your insurance carrier does not pay within 90 days. You will receive a bill which must be paid upon receipt.

Payment Methods

All co-payments, deductibles and balances owed are due at the time of service. **These fees by law cannot be waived.** For your convenience, we accept cash, checks, Visa, Discover, MasterCard and Care Credit.

****Please note:** If you have a returned check, you will be charged a fee of \$25 and any unpaid balances may be subject to referral to a collection agency. A charge of \$25 will be assessed to any accounts turned over for collections.

Referrals

If you are being seen for a medical service and your plan requires a referral to see a specialist, you are responsible for requesting a referral form from your Primary Care Physician (PCP) before services are rendered. Your PCP may require 24 or more hours for this request. Once services are rendered you will be responsible for any fees not paid by your insurance company.

Professional Services / Eyeglass / Contact Lens Purchases

No refunds will be issued for professional services, eyeglasses or opened contact lenses.

1. Eyeglasses are customized and cannot be returned. However, if you believe an error was made with your eyeglasses prescription the doctor must re-check your prescription within 60 days of your original exam and we will be happy to remake your eyeglasses order free of charge. Please note that if you order your eyeglasses 3 months after your exam and have to be seen for a prescription re-check, the doctor will have to perform a new refraction and you will be charged a fee of \$30. If your prescription changes 60 days after your eyeglasses have been made, you will have to pay to have your lenses replaced.

Frame manufacturers provide a 1-year warranty for defects only. If your frame breaks, do not alter it in any way; doing so will void a defective warranty and will make it very difficult to repair. Do not ever use glue to try and fix your frame. Defects to a frame are subject to review by the individual frame company, not our office. If your frame breaks and is not under warranty, you will be responsible for the costs associated with the replacement. All frames may be subject to availability from the manufacturer.

2. Contact lenses must be exchanged within 60 days. Do not write on boxes of contact lenses. Once the box has been altered (including opening or writing on the box) they cannot be returned to the manufacturer and you cannot receive credit. After 60 days contacts cannot be exchanged. If you feel that your prescription for contact lenses needs to be adjusted, we will be happy to re-check your contact lens fitting within 60 days free of charge. After this time period the doctor will have to perform a new contact lens fitting and you will have to pay the fees associated with the level of fitting your contact lenses require.

****Any orders for eyeglasses or contact lenses need to have half down paid when ordered and the remaining balance paid upon pickup within 60 days of the purchase.**

Please note: If you cannot pay your balance within this time period, please contact our billing department to make payment arrangements.

Patients under 18 Years of Age

All patients under 18 must be accompanied by a parent or legal guardian. Services cannot be performed without a parent or legal guardian's presence and consent.

Delinquent Accounts

A payment can be arranged with our billing department for past due amounts. Failure to pay or arrange payment of a past due amount will result in a referred to a collection agency for payment.

A finance charge of 1½ % per month (annual percentage rate 18%) of the unpaid balance will be added monthly. Should collection become necessary, the responsible party agrees to pay a collection fee of up to 40% and all legal fees of collection, with or without suit, including attorney fees and court costs.

****Please note: Patient balances over 90 days old will require payment in full or payment arrangements with our billing department prior to scheduling any appointments at our office. Your records may also not be released until unpaid balances have been satisfied.**

****The original copy of this financial policy will be kept in your file for future reference. If you would like a copy for your records please ask the front desk coordinator to provide you with a copy. If you have any questions regarding our financial policy, please feel free to ask.**

Patient Name: _____ Patient Signature: _____

Guarantor Signature: _____ Date: _____