Visionary Eye Care Associates Financial Policy

We are committed to providing all of our patients with the best possible care and service. Your understanding of our financial policy is a crucial component to providing quality care and service. Below, we delineate the terms of our financial policy.

If you have any questions about this policy, we ask that you call us at our office and speak to our staff.

Thank you!

Outstanding Balances

(1) Outstanding accounts are payable upon receipt of the billing report.
(2) A fee of 8% will be added to the balance if not paid within 30 days.
(3) Failure to make punctual payments that appease the financial agreement will result in the placement of a collection agency or civil action.
(4) Payment plans can be generated upon request for patients with great financial need.
(5) Patients, for which civil action is required, must provide a credit card to be kept of file for any future visits.

Insurances

(1) It is your responsibility to understand the terms and instruction of your insurance plan. Our staff will need to be advised of any changes to insurance information, address or phone number.
(2) If your insurance plan is one with which we are not a participating provider, you will be responsible for the complete payment. Further, we will file the insurance claim, but if the claim is rejected you will be responsible for the payment.
(3) A valid driver's license or photo ID must be present at each visit.
(4) If an insurance policy cannot be confirmed, the patient will be required to pay out of pocket for services provided on the date for which service was scheduled.
(5) If, for any reason, your insurance company does not provide payment for your service, the patient is responsible for 100% of charges billed.
(6) It is important to understand that although certain services may be 'covered' by your insurance plan, you may be responsible for part of the 'covered' amount.

Co-Pays/Payment at Time of Service

(1) Co-pays, deductibles, and all services non-covered by insurance policies are the patient's financial responsibility. **These payments are due at the time of service.**

Please note: Once the insurer has processed the claim, you may be billed for any non-covered amounts.

Referrals

(1) If your insurance plan requires a referral, it the patient's responsibility to acquire all information prior to the visit. Arriving to the appointment without a referral, patients are subject to a $25.00 missed appointment fee and we will have to reschedule your appointment.

Medical Records Request

(1) You will be charged a $25.00 fee for any medical records that you request from the office.

I have read and understand the above financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended as necessary by the practice without notice.

PATIENT SIGNATURE: ____ DATE: __________________