

Northside Eyecare Associates Financial Policy

Thank you for choosing us as your eye care provider. We are committed to making eye care less stressful and more effective by clarifying financial responsibilities in advance. The following is a statement of our financial policy, which we require that you read, and sign prior to any treatment.

UNLESS WE ARE FILING WITH YOUR INSURANCE COMPANY FULL PAYMENT OF EXAMINATION FEES ARE DUE AT THE TIME OF SERVICE. A MINIMUM 50% DEPOSIT IS DUE WHEN GLASSES OR CONTACT LENSES ARE ORDERED, REMAINING BALANCE DUE WHEN GLASSES OR CONTACT LENSES ARE PICKED UP.

ANY UNPAID BALANCE IS THE RESPONSIBILITY OF THE PATIENT OR GUARDIAN. FAILURE TO PAY BALANCES WILL RESULT IN YOU BEING SENT TO COLLECTIONS AND OR TAKEN TO COURT AND YOU WILL BE RESPONSIBLE FOR BOTH THE UNPAID DEBT AND OUR ATTORNEY FEES.

DUE TO GOVERNMENT REQUIREMENTS WE WILL ASK YOU FOR IDENTIFICATION OR THE IDENTIFICATION OF YOUR GUARDIAN IN ORDER TO PREVENT IDENTIDY FRAUD (i.e. SOMEONE USING YOUR INSURANCE BENEFITS FALESLY)

REGARDING INSURANCE

For some plans in which we are a non-participating provider, we will provide you with a completed insurance form, which you may submit to your insurance company. You must provide the personal information required to fill out the form. All fees are your responsibility. Your insurance policy is a contract between you and your insurance company, as we are not a party to your insurance contract. In the event we are a participating provider for your insurance, we will process your claims. However, all deductibles and co-pays are due at the time of service. Please be aware some and perhaps all of the services provided may be "non-covered" services and not considered reasonable and necessary under the Medicare/Medicaid Program and/or other medical insurance. You will be responsible for these fees. If fees are unpaid you will be sent to collections or taken to court at which point you would be responsible for the unpaid debt plus our attorney fees.

MINOR PATIENTS

The adult accompanying a minor is responsible for payment at the time of service. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to a credit card, or payment by cash or check at time of service has been verified.

MISSED APPOINTMENTS

We respect your time and make every effort to stay on schedule. Your appointment time is reserved exclusively for you. If you are unable to keep an appointment, please notify us at least 24-hours in advance so that we may schedule someone else at that time. Please help us serve you better by keeping scheduled appointments.

MEDICARE, MEDICAID, AND/OR MEDIGAP

I request that payment of authorized Medicare, Medicaid, and/or Medigap benefits be made either to me or on my behalf to Northside Eyecare for any services furnished to me by that physician/supplier. I authorize any holder of medical information about me to release to Health Care Financing Administration and/or my Medigap insurer any information needed to determine these benefits or the benefits payable for related services. I understand that under the Medicaid program, I am allowed one pair of glasses and one exam every two years for those of eighteen years and older. For those under eighteen and under Medicaid will cover an exam and one pair of glasses every year.

MEDICARE ADVANCE NOTICE

Medicare does not cover a portion of our basic eye examination. The portion that is not covered is the refraction, which is how we determine what prescription to put into your eyeglasses. Because Medicare will not cover the refraction you will be responsible for payment.