

Eagle Point Eye Care, PC Financial Policies

Insurance:

Insurance is a contract between you and your insurance company. We will complete and submit your insurance claim for you based on the information you provide. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of charges not covered by your insurance within one (1) month of notice from insurance company. You also agree that if your insurance company takes more than 60 days to respond, we shall consider the charges your financial responsibility and it will then be your responsibility to seek reimbursement from your insurance company.

Co-Payments:

You are responsible for any co-payments, deductibles, co-insurance and/or non-covered services, materials or items considered "not medically necessary" by your insurance company and must be paid for at the time of service. If payment cannot be made at each visit, notify the front desk staff to make other arrangements.

Medicare Patients:

Our office will submit claims for services to Medicare. You are responsible for deductibles, co-insurances and any other non-covered services.

Parent/Guardian/Child:

The adult accompanying the child is responsible for payment at the time of service, including co-payment. The parent/guardian with whom the child resides is the person who will be billed for services rendered. We will not be involved in mediating financial arrangements between parents/guardians and we will bill insurance as stated above.

Self-Pay Accounts:

Self-pay accounts are those patients without insurance coverage or patients who are covered by an insurance that this office does not participate with. For these accounts, payment is required at the time of service for all services.

Glasses Orders:

Glasses are custom orders. Therefore, should you decide to cancel your order after it has been placed, there will be a 50% cancellation fee.

The staff at Eagle Point Eye Care is happy to assist you with questions and concerns regarding your specific insurance plan and to help facilitate communication with your insurance company. It is difficult, however, for health care providers to become familiar with the details of every insurance plan they encounter. It is the responsibility of the patient, and in your best interest, to know what is covered and what is excluded from your personal plan.

Thank you.

I have read and understand the above payment policy and payment options:

Signature: _____ Date: _____
(Patient/Parent/Legal Guardian/Representative)