

## **SUBURBAN EYE ASSOCIATES FINANCIAL POLICY**

### **INSURANCE COVERAGE**

It is **YOUR** responsibility to provide our office with accurate information for billing your health plan properly. It is also **YOUR** responsibility to know whether your visit with our doctors is covered by your health plan fully, partially, or not at all, and whether your plan requires a referral from your primary care physician before your visit. Information of this type is 100% accurate ONLY if you obtain it directly from your health plan and not from our office staff. In the event you do not confirm this information and insurer refuse full or partial payment, you will be held personally responsible for the cost of the services provided. Insurance co-payments will be collected AT THE TIME OF SERVICE. We accept cash, personal check and major credit cards. If we do not participate with your insurance plan, you are to provide FULL payment AT THE TIME OF SERVICE. We will provide you with a statement of services and a receipt for amounts paid which you may then submit to your insurer. It is your responsibility to submit to insurer for reimbursement.

### **ROUTINE AND MEDICAL EYE EXAMS**

Our office participates with certain vision plans for "ROUTINE EYE EXAMS". A routine eye exam is by definition, a "regular check-up" for someone with NO EYE PROBLEMS and is yearly. If the doctor detects any medical condition at your routine exam

(Dry eyes, floaters, etc.) the next examination becomes a medical eye examination and will be submitted to your medical insurance. Due to insurance company regulations, routine and medical exams may not be performed on the same day. If you desire only the routine portion of the examination on your visit, the doctor may ask you to return on another day for a medical eye examination. Please note that some insurance plans consider a routine eye exam to be a non-covered service. A routine examination for spectacles/glasses and contact lenses are separate exams. If you desire both exams on your visit, you will be charged for a contact lens evaluation.

### **SERVICES NOT COVERED**

If your insurance plan determines a service of ours to be "not covered", you will be responsible for payment. An importation example is checking eyes for changes in glasses prescription (A procedure called REFRACTION). We charge \$30-\$60 for this service and many insurers including Medicare, deem this service "Not covered". If you do not desire a refraction, please inform our office staff. Please note that some insurance plans consider a routine eye exam to be a non-covered service.

### **MISSED APPOINTMENTS**

Patients who cancel an appointment with less than 24 hours' notice may be subject to a \$25 cancellation fee and if you repeatedly miss appointments may be asked to make other arrangements for their eye care.

I have read and understand the financial policies of Suburban Eye Associates. If you have any questions, please do not hesitate to discuss them with any member of our staff.

PATIENT/FAMILY NAME: \_\_\_\_\_

Signature of Patient (Or Responsible Party if a minor): \_\_\_\_\_

DATE: \_\_\_\_\_