

DES PERES EYE CENTER FINANCIAL POLICY

Updated March 25, 2019

Our office participates with most major insurance plans. We provide **MEDICAL, SURGICAL and VISION** ophthalmologic care to our patients.

If you have a managed care plan that requires a referral to see a specialist, you must obtain a referral in order for your visit in our office to be covered under your medical insurance. If you do not have the valid referral and still wish to be seen, you will be asked to pay for the visit prior to your examination.

A refractive examination is not a covered service by most medical insurance companies, including Medicare. When you receive a refraction, you will be charged \$40 which is payable at the time of visit. This also applies to the Contact Lens Check that is charged yearly to contact lens wearers.

BILLING**As Medical Doctors, we will bill your office visit to your Medical Insurance unless specified by the patient as ROUTINE ONLY with authorized Vision Insurance to apply.**

It is the patient's/parent's/guardian's responsibility to:

- Provide our office with accurate insurance information, including co-pays, co-insurance and deductibles.
- **You will be responsible for your office visit and any charges resulting from that visit if your insurance is inactive on your date of service or Des Peres Eye Center is out of network for your insurance plan.**
- Bring any required PCP referrals, if no referral is on file you will be responsible for the office visit charge.
- Provide our office with current information including address, phone number and employer.
- In accordance with your insurance contract, you must be prepared to pay your co-pay at each visit. If you do not make your co-payment at the time of the visit, you will be charged an additional **\$5 billing fee**. We accept cash, checks and all major credit cards for services.

We appreciate prompt payment in full for any outstanding balance. If your account is turned over to our collection agency, you agree to pay any fees imposed by the collection agency in order to collect the overdue amount. Any check payments that do not clear the bank will be subjected to a **\$25.00** returned check fee.

There will be a **\$35.00** charge if you fail to show for any scheduled appointment. Any patient, who does not show up for a scheduled surgery, will be charged a cancellation fee of **\$250.00**. Legitimate emergencies will be taken into consideration.

I agree to permit Des Peres Eye Center and their business associates to contact me, and all other responsible parties on my account, on our cell phone or other mobile devices concerning any and all aspects of my account.

I have read and understand the Des Peres Eye Center financial policy dated 03/25/2019.

Signature of patient/guardian/parent

Date

It is Des Peres Eye Center's ongoing mission to give our patients the finest care possible. We apologize for any inconvenience these changes cause. If you have questions regarding the new fee structure, please call us at 314-432-6137.

Sincerely, Drs. George Bohigian, David Brigham, Eric Chiu and Kirk Morey