

Optometric Center & Eyewear Galleria Financial Policy

Please read carefully, your signature means that you agree with the following:

Responsible Parties:

If you are an adult (over 18 years old) you are legally your own responsible party. You may not name another adult as your responsible party unless that person agrees and signs the financial policy for you. If you are signing for a minor child, or a disabled adult child, you are the responsible party for any treatment that occurs while the patient is a minor or disabled.

Divorce: In case of divorce or separation, the party/ parties responsible for the account prior to the divorce or separation remain responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Patients without Insurance:

Our fees cannot all be determined in advance, since they depend on services rendered. We can quote minimum fees for vision exams and medical office visits. Full payment is due at the time of service. We accept cash, checks, debit cards and major credit cards (including many flexible spending account cards.) **We also accept Care Credit which offers low monthly payment plans with deferred interest. See staff for more details.**

Patients with Insurance:

It is your responsibility to know your insurance. It is impossible for us to know each individual plan of the hundreds that are out there. You must be aware of your co-pays, co-insurances, share-of-cost and annual deductibles.

Your current and correct insurance card must be presented at time services are rendered. It is important that we have your most current insurance card on file. If your card is not present at the time you receive services we will not be able to bill until it is received. If we do not receive your insurance card within 90 days of services, many insurances will not allow us to bill them at that point. You may have to seek reimbursement from them on you own.

Although we bill your insurance company for services rendered, you are financially responsible for all services rendered. If payment has not been received within sixty (60) days of billing your health plan, we will contact you for assistance. Should your health plan deny coverage for any reason, you will be responsible for payment in full within thirty (30) days of your billing statement.

Please note: Authorizations from your insurance company whether written or verbal are not a guarantee of payment. Final coverage and payment determination is made after the claim is submitted.

Medicare:

We will bill Medicare plans for you. You must, however, supply us with the most up-to-date and correct information at the time of your visit. Please be aware that if you have turned your Medicare over to an HMO (including Kaiser) -also called a Medicare managed HMO- we cannot bill for services. We can only bill Medicare that stands alone.

Patients with an HMO/ EPO/ POS/Medicaid (Medi-cal) OR Covered CA HMO plans:

Our office is not a provider for any HMO's or Medicaid. We are not contracted providers of any covered CA HMO plans. If you have any HMO or Covered CA HMO plan, you will be treated as a private pay patient. We will be more than happy to provide you with itemized receipts if you would like to try submitting them for reimbursement. Our office can courtesy bill your EPO or POS plan but they may not pay or may pay at an out-of network rate. If you need a referral to see a doctor or need to go to a physician within a certain group, the insurance probably will not pay. If you have Medicare and Medicaid, we will bill Medicare for you but cannot bill Medicaid as we are not providers for them, you will be responsible for any amount Medicare does not pay.

Patients with a PPO:

Co-payments are due at the time of your visit. If you have an unmet deductible amount, your insurance will inform us when we bill them and you will be responsible in full for the amount applied to your deductible. It is your responsibility to know your insurance. If you have a question regarding your deductible we can check with your insurance for you as a courtesy. Co-insurance amounts cannot be determined until the insurance has been billed and sends an explanation of benefits showing allowed amount and amount of co-insurance. A statement will be sent to patients who owe a co-insurance amount after the insurance processes the claim.

Liability

If I have medical or routine vision benefits, I authorize my plan carrier to directly pay The Optometric Center and Eyewear Galleria. I also authorize The Optometric Center and Eyewear Galleria to release any information required for payment to be made. If my plan carrier does not pay, or partially pays, I understand I am responsible for payment in full or the remaining balance. Payment is due in full at the time services are rendered and/ or materials are ordered unless other arrangements have been made. Our fees cannot all be determined in advance, since they depend on services rendered. We can quote minimum fees for vision exams, medical office visits and specialized tests.

The Optometric Center and Eyewear Galleria accepts cash, personal checks, ATM/ debit cards, Visa, MasterCard, Discover, American Express and most flexible spending and health savings account cards. Please note: there is a \$25.00 charge for checks returned unpaid by your bank. Differed interest payment plans are available through Care Credit by calling 1-800-859-9975 or logging onto www.carecredit.com.

Late Fees:

There will be an additional interest rate charged on balances that go unpaid in excess of 30 days where prior payment arrangements have not been made.

CONTACT LENS FEES

Contact lens fitting and follow up services are not an included part of an eye health evaluation. Fees are customized according to the complexity of the case and the predicted time necessary to care for the individual patient. The fit and follow-up fee includes but is not limited to: a corneal topography, evaluation of the health and shape of your cornea, fitting of specific contacts to your cornea, trial contact lenses and contact lens re-checks. If you are a brand-new contact lens wearer, the fee will also include an insertion and removal training. Fees for contact lens fit and follow up services usually range between \$95.00 and \$155.00. Specialty contact lenses such as Ortho-K, sclerals, multifocals, Gas perm, etc. may be a higher fitting rate. My initials verify I understand the contact lens fees.

Initials: _____

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns, we will be happy to assist you.

I have read and understand the above information.

Responsible party: _____ **Date:** _____
Relationship to patient: _____ **Patient's name:** _____