

Eye Physicians & Surgeons, Inc.

Patient Financial Policy

All out-of-pocket balances (copayments, co-insurances, and deductibles) are due at the time of service unless previous arrangements have been made in writing with the office. It is the Patient's/Responsible Party's duty to know what their out-of-pocket expenses will be before seeking treatment.

Payment Options:

- You may pay your out-of-pocket costs at the time of service by Check, Cash, or Credit Card.
- There is a fee of fifty-five dollars (\$55) for any check returned by your bank for any reason.
- Failure to pay your out-of-pocket balance at the time of service will result in an **administrative service charge of ten dollars (\$10)**. This administrative charge is not the responsibility of your insurance carrier, due to the fact that you did not abide by their contractual terms, and this charge will not be billed to the carrier for a denial.

Past Due Accounts:

- If at any time you have a balance due which is more than ninety (90) days old your account will be referred to an outside collection agency without notice.
- Any balance that is more than ninety (90) days old will be billed finance charges at the rate of 1.5% per month (18% per annum).
- If we have to refer your account to a collection agency, you hereby agree to pay for all collection costs incurred.
- Furthermore, you understand that if your account is submitted to a collection agency, or if your past due status is reported to a credit reporting agency, the fact that you receive treatment at our office may become a matter of public record.
- We will also contact your insurance carrier informing them of your failure to uphold your agreement with them, which at their discretion, may result in termination of your policy.

Missed Appointments:

- The second time a patient does not arrive on time for an appointment, or cancels with less than 24 hour notice, a missed appointment fee of twenty-five dollars (\$25) **will** be charged.
- If a patient misses a Saturday appointment, or cancels with less than 48 hour notice, a missed appointment fee of twenty-five dollars (\$25) **will** be charged.
- Missing a surgical appointment without notification seven business days prior to the surgery will result in a missed fee of \$300.
- All missed fees must be paid **before** a new appointment is scheduled.
- Patients with three or more missed appointments without advance notification will be terminated from the practice.

Professional Courtesy:

- By law, this practice cannot and will not reduce a charge out of professional courtesy.

Pre-Authorization:

- Many insurance companies, such as HMOs, require pre-authorization and/or referrals prior to obtaining specialty care. It is **your responsibility** to contact your insurer and/or primary care physician (PCP) to determine the need for and obtain a pre-authorization and/or referral.
- Failure to obtain a pre-authorization and/or referral may result in lower reimbursement or claim denial from the insurance company, **in which case you will be responsible for the charges.**

Forms & Medical Records:

- From time to time, various forms, such as disability or DMV forms, need to be completed. There is a twenty to thirty-five dollar (\$20-\$35) clinical administrative fee to complete each form.
- There is a thirty-five dollar (\$35) administrative fee associated with the copying and/or release of medical records. Please inquire at the front desk by requesting a Record Release Form.

By signing this agreement, you attest to having read and understood this policy, and agree to comply with all of the terms and conditions contained herein.

Patient's Name: _____

Responsible Party (if patient is a dependent): _____

Signature: _____ **Date:** _____