

## The Medical Eye Center Financial Policies

Our specialty eye practice participates with Medicare, Medicaid, and most major insurance plans in the area. If you are unsure whether we accept your plan, please ask. We will bill your insurance carrier as a courtesy. However, payment for any deductibles, coinsurances, co-pays, and non-covered services is due at the time of service. This includes all office visits, procedures, and injections.

**Please remember:** Your insurance coverage is a contract between you and your insurance company and is not a substitute for payment. All insurance information will be reviewed at each appointment. Please bring your insurance cards with you.

### Routine Vision Exams

A "routine" vision exam often includes the same components as a "medical" eye exam. However, whether your insurance classifies the visit as routine or medical depends on your symptoms, complaints, and final diagnosis.

Routine vision exams are not covered by Medicare. Coverage by other insurance plans varies depending on your policy.

### Non-Covered Service: Refraction

A refraction is a test to determine the eye's refractive error and the best corrective lenses to prescribe. It is necessary to provide a glasses prescription.

Most medical insurance plans, including Medicare, **do not cover refractions**. Our fee for a refraction is **\$50.00**, due at the time of service.

### Patient Responsibility – Insurance Referrals

If you have an HMO or managed care plan that requires a referral from your primary care provider (PCP), you must obtain the referral prior to your visit. Without a referral, you will be responsible for payment of all services not covered by your plan.

- If you do not have the required referral at the time of your appointment, you will be asked to:
- Call your PCP to request one, or Complete and sign our waiver form
- You may also choose to reschedule your appointment until the referral is secured.

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### Self-Pay or Out-of-Network Insurance Plans

Patients without insurance or those with a plan we do not participate in must pay in full at the time of service. If full payment is not possible, a minimum payment of \$150 is required at the time of the visit. This amount will be applied toward the total charges, and we will bill you for any remaining balance.

- **Financial Hardship:** If you're unable to pay in full, please contact our billing staff to set up a payment plan.
- **Payment Plans:** Patients on an approved plan who make regular payments will continue to receive services.
- **Late or Missed Payments:** Accounts with missed or consistently late payments may be sent to a collection agency. Balances unpaid for over 90 days may also result in dismissal from the practice.
- **Collections:** If your account is sent to collections, a collection fee will be added and passed on to you at the time of transfer.
- **Finance Charges:** A 1.5% finance charge applies to any balance over 30 days old and will continue to accrue every 30 days.

### Insurance Authorization and Consent

- I understand that I am financially responsible for all charges related to my care, regardless of my insurance status. I have read, understood, and agree to the financial policies of The Medical Eye Center as outlined above. I also agree to notify the practice of any changes in my insurance status. **Our office may use electronic communications, including text messages and email, for billing, appointment reminders, and other care-related information. By signing this form, you consent to receive such communications. You may opt out at any time using the instructions provided in the message.**

By signing below, I acknowledge that I have read (or have had read to me) and understand these policies and authorizations.

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Print Name of Patient

Signature (Patient or Representative)

Date

**Note:** If you are a guardian or power of attorney for the patient listed above, please provide appropriate legal documentation