New Vision Eye Care and Rehabilitation Services FINANCIAL POLICY

We are committed to providing you with quality Eye Care and are pleased that you have chosen us to provide your Eye Care needs. We are providing you with an explanation of our financial policies for your convenience. Full payment is always due at the time services are rendered. We accept Cash, Personal Checks with proper ID, VISA, MasterCard, Discover and American Express. A minimum of $40.00 will be charges to your account for checks returned due to insufficient funds.

INSURANCE: As a courtesy to you we will file and process your insurance claims. We require a current copy of the insurance card at the time of the appointment. We accept Medicare, GA Medicaid, BCBS of GA, Aetna and United Healthcare. The vision plans we accept are VSP, Eye Med and Davis Vision. If you have an insurance that we are not contracted with, you will be expected pay in full at the time of the visit. It is your responsibility to submit for reimbursement to your insurance company.

COPAYS/COINSURANCE: Each insured patient with a copay or coinsurance is expected to pay at the time services are rendered.

UNINSURED: New Patient exam $125.00 including refraction. Office Visits range from $80.00-$125.00 depending on the findings.

MEDICARE: We are a participating Medicare Provider. We will submit your claim to Medicare. It is important to let us know if you have a **secondary insurance.** Medicare does not cover refractions. You will be responsible for the refraction cost of $45.00. You are responsible for all Co-insurance, Copays and deductibles along with any charges Medicare does not allow. It is your responsibility to provide our office with ALL insurance policies at the time of your appointment. Medicare may be your primary or secondary insurance and if we do not have all of the information to obtain payment from your insurance you will be responsible for all charges to your account.

REFERRALS: You are ultimately responsible for making sure that a referral and/or authorization is on file to avoid claim denials or delays in claim processing. You will be liable for your claims that are denied due to no referral/authorization.

TESTING: The deposit amount quoted at the time you book your sensorimotor appointment will be required at check in. Any balances due will be required at check out.

REPORTS/FORMS: Functional Vision Assessment Reports are a fee of **$40.00** for completion. If you request a Functional Vision Assessment Report prepared by Dr. Serrano please be prepared to make payment at checkout. All other forms are subject to Doctors/Practice Managers desecration of cost.

MISSED/BROKEN APPOINTMENTS: Our office requires a courtesy **24 hour** cancellation advance notice when you are unable to keep your appointment. Unfortunately, whenever an appointment is missed, our overhead expenses continue to rise and we are unable to fill the open time slot due to lack of sufficient notice. Our practice charges a **$40.00** fee when the appointment is not cancelled within a **24**

hour notice. We understand that true emergencies happen and in such cases our broken appointment policy will not apply.

EYEWEAR RETURN POLICY: We **DO NOT GIVE REFUNDS** on frames, lenses or contact lenses. Please be sure of your decision when placing glasses/contact lens orders as we are unable to change the order once it has been placed with the lab. All of our frames and lenses have a 1 year manufacturer defect. (With the expectation of GA Medicaid) Ga Medicaid carries a 90 day warranty. In the event that a defect cannot be resolved after a remake than a credit will be issued to your account.

BALANCES: Balances on accounts are due upon receipt. Accounts with a balance over **60** days will be subject to collections. **Statements are sent out each month via email, WE do not send out paper statements**. It is the patient's responsibility to contact our office if they feel there is an error on their account.

Please sign and return the form to the front desk.

Printed Name:

Date: Signature:

file: 2017