



DEER EYE CLINIC

Financial Policy

Welcome and thank you for choosing Deer Eye Clinic for your eye care. We are committed to providing you with the highest quality eye care possible in a cost-effective manner.

Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area. We are pleased to discuss with you any question you may have concerning a bill.

Payment in full is due at the time services are rendered. Our staff check your insurance benefits and take that information into consideration when collecting for the appointment. As a courtesy to our patients, we accept cash, personal check, money order, Visa, MasterCard, Discover, American Express, and Care Credit.

In order to achieve our goal of providing you with the best care possible, we need your assistance and your understanding of our financial policy:

Cancellation and Missed Appointment Policy:

- When a patient is late for their appointment this can cause us to get behind on our schedule which can affect other patient's visits. Our policy is that if a patient is more than 15 minutes late for their appointment, the patient may be asked to reschedule their appointment, depending on the day's schedule.
- 24 hours' notice is required to cancel and/or reschedule all appointments. Failure to do so will result in a \$30.00 fee.

Refraction Service Fee:

- The refraction test is the process to determine if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary to write a prescription for glasses or contacts.
- Our office fee for a refraction is \$30.00, and this fee is collected at the time of service in addition to any copayment your plan may require. Most medical insurance plans, including Medicare, do not cover routine refractions or routine eye exams.

Additional paperwork:

- Any paperwork from another institution needed to be filled out by the physician will result in an additional charge, depending on the length of the paperwork.
- A 48-hour notice is required for all paperwork or records request.

Auto accidents/workers compensation:

- Motor Vehicle Accidents (MVAs) will be filed to your auto insurance as a courtesy to you. Failure to receive payment within 30 days of the date of service may result in you becoming responsible to pay.
- Our office will send appropriate workers compensation claim forms for services rendered on your behalf as a courtesy. If a claim is denied, we will expect payment in full from you within 30 days of receipt of our bill.

(OVER)

Collections and outstanding balances:

- Any outstanding balance after 60 days of the date of service will be referred to an outside collection agency. Accounts referred to an outside collection agency will be subject to a collection fee of 40%, which will be added to the total balance due at the time of write off.

Refunds:

- Refunds are issued to the appropriate party.
- Patients refunds will not be processed until all active or past due charges are paid in full.
- Refunds less than \$10.00 will not be issued, unless requested, and will credit to your account at our practice.

Returned Check Fee:

- There will be a fee of \$25.00 for any returned checks to our office.

All balances are due prior to any further service provided by our office.

Signing Below Acknowledges that You have Read and Understand the Above Stated Policies.

Signature of Patient or Patient Representative

Date