

## **TUSCARAWAS EYE CENTRE FINANCIAL POLICY**

To keep you informed of our current office and financial policies, we ask that you read and sign our financial acknowledgement prior to any treatment.

For the purpose of evaluation, your pupils may be dilated. This may result in blurred vision, making driving difficult. Please ask for assistance if your vision is markedly affected.

At each visit, we will inquire about your insurance and ask to see your insurance cards. Please note that we cannot file insurance for your services unless we have a card that is correct and current. Although this is often regarded as an inconvenience to you, we have found that it is now a necessity due to frequent changes in carriers and necessary information.

### **Financial Assignment and Agreements**

- Bring your **insurance cards and driver's license at every visit.**
- I understand that I am financially responsible for all charges not covered by insurance . **Copays, coinsurance amounts, deductibles are payable at the time services are rendered.** Payment can be **made by cash, check, Master Card, Visa or Discover.**
- Many insurances do not cover the portion of the eye exam, a refraction, that determines the need for glasses or a change in one's prescription. For example, Medicare does not pay for the refraction under any circumstances. I agree to be fully responsible for payment of a refraction not covered by my insurance or if I am covered under a vision plan for which my doctor is not a provider.
- I understand that I will be charged \$25 for a missed appointment unless I give a 24 hour notice to either cancel or reschedule the appointment.
- I understand there is a \$25 service charge for returned checks.
- I understand that if my insurance company requires an authorization it is my responsibility to make sure one is in place prior to my visit. If no authorization is in place, I accept full financial responsibility.
- I understand that if my account balance becomes past due and is sent to an outside collection agency, I will be responsible for any additional fees incurred and you could be terminated from the practice.
- The adult parent or guardian accompanying the minor is responsible for payment of the minor patient's account. Regardless of whose name is listed as the insurance policy holder. For unaccompanied minors, non-emergency treatment can be denied until a parent or guardian is present or we have written permission for treatment.

Tuscarawas Eye Centre firmly believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to the Billing office. Please sign that you have read and agree to this Financial Policy.

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**Signature of Patient or Responsible Party**

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**Date**