

OFFICE POLICIES & FINANCIAL AGREEMENT

OFFICE POLICIES AND PROCEDURES:

- **Late Appointments:** We give our patients a 10 minute grace period before they are considered as a missed appointment. If you are late for an appointment within 10 minutes, you will be seen as soon as possible, though the office visit may need to be shortened in length, and only if space is still available and time permits. Dilations must be rescheduled for late arrivals unless dilation is indicated per doctor's discretion.
- **Late Cancellation/No-Show Fee:** To avoid a **\$25** fee, please call or text the office to cancel or reschedule at least 48 hours before your appointment.
- Prescription re-checks can be granted at no charge within 60 days of the prescription date.

PATIENT INSURANCE AND FINANCIAL RESPONSIBILITY:

- I understand and agree that payments are due after the services are rendered. As the patient/guarantor, you are financially responsible for any fees and costs associated with any services you receive from our office. This includes any medical service or visit, routine examination, contact lens services, and any other tests ordered by the doctor.
- I understand and agree that it is my responsibility to know if my insurance has any deductible, copayment, coinsurance, out-of-network, usual and customary limit, prior authorization requirements or any other type of benefit limitation for the services I receive and I agree to pay the full amount.
- **Acceptable forms of payment include the following: Debit, Visa, Mastercard, Discover, and Cash (Please provide the exact amount—no change given)**
- We regret to inform you that Zelle, personal checks, money orders, and American Express are not accepted.
- Professional fees, services fees, copayments and deductibles are NOT refundable.
- I understand that while my insurance may confirm my benefits, confirmation of benefits is not a guarantee of payment and that I am responsible for any unpaid balance. Questions about insurance non-payment should be directed to your insurance company.

REFERRALS:

As the patient/guarantor, it is your responsibility to know your insurance benefits and to provide our office with accurate and current insurance information.

- If your specific insurance plan requires a referral, it is your responsibility to obtain the referral from your primary care physician. If you arrive for an appointment without a referral on file, you have the option to reschedule the appointment or to pay in full for all services rendered.

- I agree to inform the office of any changes in my insurance coverage. If my insurance has changed or is terminated at the time of service, I agree that I am financially responsible for the balance in full.
- If I am a Medicare patient, I understand that I need to provide the office both my Medicare ID card and my secondary ID card. If the office does not have the proper information for a secondary insurance, the secondary will not be billed. It will be my responsibility to pay the balance and then file a claim with the secondary for reimbursement. Our office does not write these policies. They are determined by your specific medical insurance or vision plan.