



Financial Policy

Thank you for choosing our providers. We are committed to assisting you with timely insurance filing and payment of your account. Please read our Financial Policy below:

Our practice participates with many insurance plans. If your insurance plan does not cover our services, payment in full is expected at the time of your visit. We accept cash, checks, VISA, and MasterCard.

Please be sure your insurance information is current at the time of service. We file all insurance claims in a timely manner. Updated insurance information can be given to us up to 45 days after the date you received our services. After filing, we allow 60 days for your insurance company to pay. If your insurance company fails to render payment, you will be responsible for payment in full. We cannot become involved in Third Party liabilities. We cannot accept an attorney's letter of payment guarantee.

A late payment penalty of 1.5% monthly (18% annually) is added to unpaid personal balances after 60 days. To receive services, you cannot have a past due personal balance on your account. A \$20.00 fee is charged for each returned check.

Copays

Please have your copay ready when you see the cashier at the conclusion of your appointment.

HMO Members

Initial visits - For most health plans, a valid referral/authorization is necessary for all visits. You need to obtain this for your initial visit as well as subsequent visits for new or different medical problems.

Follow-up visits - Following your initial visit, we can assist you with referrals/authorizations for return visits.

Point of Service Members

If your insurance is a Point of Service (POS) plan, your office visit will be covered, in most cases, without a referral from your primary care physician. However, if you need surgery, special tests or procedures, you will need to obtain a retroactive referral for the office visit. If you do not obtain one, you will be responsible for the costs of all services rendered.

Pre-certification

Pre-certification (prior approval) may be required by your health plan before certain procedures, test, or surgeries are performed. We will assist you in the pre-certification process by contacting your insurance company on your behalf. Be sure to confirm that you have been given pre-certification before your procedure so you do not incur any unnecessary personal charges.

I certify that the information given by me in applying for payment under my insurance contract is correct. I authorize any holder of medical or other information about me to release to any third party payors (including Medicare and Medicaid) information needed for claims for healthcare benefits. I request that payment of authorized healthcare benefits be paid and I assign the benefits payable for physician services to the physician or organization furnishing the services. I authorize such physician or organization to submit a claim to my health insurance carrier or any other third party payor, including Medicare and Medicaid, on my behalf. I request payment of benefits under Title XVIII (Medicare) and XIX (Medicaid) of the Social Security Act to Francis Eye Center, LLC. I understand that I am financially responsible for charges not covered by the assignment, and I hereby guarantee timely payment in full of such charges.

Patient Signature: _____

Date: _____

Patient Name (Print): _____