



**PAYMENT POLICY**

Thank you for choosing Surgical Eye Care, P.A. as your provider. We are committed to providing you with quality and affordable health care. Please assist us in achieving these goals by complying with our payment policy. **PAYMENT IS DUE AT THE TIME THE SERVICE IS RENDERED AND IT IS THE PATIENT'S RESPONSIBILITY TO VERIFY INSURANCE AND DETERMINE THE STATUS OF COVERAGE(CO-PAY & DEDUCTIBLE) PRIOR TO THEIR VISIT.** We will be glad to file insurance claims, however the patient is ultimately responsible for payment if their private insurance (excluding Medicare & Medicaid primary) company denies payment.

- 1. Forms of Payment:** Cash, Check, Master Card, Visa, Discover & Credit Plan Options
  - 2. Co-Pays & Deductibles:** All Medicare, Medicaid and other insurance plan co-pays are payable upon check-out. It is the patient's responsibility to know their portion payable at the time of service.
  - 3. Proof of Insurance:** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and a current, valid insurance card. If you have any insurance changes, please notify us before your next visit so we can make the appropriate changes. If your insurance does not pay your claim in 45 days, the balance will automatically be billed to you.
  - 4. Self-Pay:** Payment is expected at check-out. If you are not prepared to cover your exam, we can offer you coverage through a credit plan option.
  - 5. Medicare:** We accept assignment and will file all Medicare claims. At the time of service, the patient is responsible for 20% of the Medicare allowable fee, plus the deductible and any service charge not covered by Medicare.
  - 6. Medicaid:** A current copy of the Medicaid card is required prior to treatment. If the Medicaid card is not brought to the visit, then the patient will be rescheduled.
  - 7. Worker's Comp:** Worker's Compensation authorization must be obtained prior to the appointment, or otherwise we cannot treat the patient.
  - 8. Private Insurance:** If you participate in a plan which we accept, then we will be happy to file your insurance for you, otherwise full payment is your responsibility.
  - 9. Refraction Fees:** Part of your evaluation is the refraction which helps determine the appropriate surgical options. Medicare and most insurance plans DO NOT cover this fee. A fee of \$40.00 will be collected for this service upon CHECK OUT.
  - 10. Other Forms:** For any insurance forms or dictated letters from our doctor, the fee will be \$25.00 per form. They will be ready in 2-3 business days.
  - 11. Missed Appointments:** There will be a \$25.00 no show/late cancellation fee. All appointments must be cancelled by 3 PM the day prior to your appointment (or by 3 PM on Friday for a Monday appointment), to avoid charges. Insurance will not cover this charge.
- Other Information** Any Check returned to our office for non-payment will generate an additional processing fee of \$35.00. We can assist you with setting up a credit plan in order to pay an outstanding balance. Accounts turned over to a collection agency will also incur a \$50.00 administrative fee as well as any additional fees associated with that effort, including court cost.

**I have read and accept these policies.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**